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Maryland Medical Assistance Program

The Year in Review

Fiscal Year 1981

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE • MEDICAL CARE PROGRAMS

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INTRODUCTION

Fiscal year 1981 marks the Maryland Medical Assistance Program's fifteenth full year of operation. The purpose of the Program is to provide the state's low income residents access to a broad range of health care services. Statutory authority for the Program is contained in Title XIX of the Social Security Act and in Article 43, Section 42 of the Maryland Annotated Code. The Maryland Medical Assistance Program is administered by the Assistant Secretary for Medical Care Programs within federal requirements and is funded jointly by the state and federal governments.

The average monthly enrollment in the Maryland Medical Assistance Program in fiscal year 1981 (July 1, 1980 through June 30, 1981) was 394,466 people, more than 9% of the state's population. Program enrollees received services from approximately 8,500 participating Maryland providers. More than $400 million was spent by the Program during the year to provide these health care services.

This publication describes the activities of the Maryland Medical Assistance Program in fiscal year 1981. The narrative portion provides information on Program enrollment, providers, payments, services and management controls. Also included are descriptions of the Medical Assistance Advisory Committee and the Pharmacy Assistance Program, and comments on trends in Program expenditures and cost containment measures implemented in fiscal year 1981. Statistical tables on Program activities follow the narrative section.

MEDICAL ASSISTANCE ADVISORY COMMITTEE

The Medical Assistance Advisory Committee is a group of consumer representatives, Medical Assistance recipients, and health care providers that meets at least six times a year to provide information and advice to the Medical Assistance Program.

During fiscal year 1981, the Committee was actively involved with major issues facing the Program, particularly the Program's fiscal problems. The Program Priorities and Costs Subcommittee was responsible for developing cost containment recommendations. These

recommendations, after adoption by the full Committee, were presented to the Governor's Medicaid Cost Containment Task Force and the House Appropriations Subcommittee on Health and the Environment. The Program Priorities and Costs Subcommittee also reviewed and recommended some changes in the Program's Three Year Plan.

Listed below, by the dates of expiration of their terms of office, are those persons who served on the Advisory Committee during fiscal year 1981.

July, 1981

Mildred Bright
Dorothy Council
E. Jane Hanks
Gwendolyn Johnson
James McCaslin
Ethel Pace
Philip Piasecki
Melvin Rubin
Sidney Seidman, M.D.
Thomas Waters

July, 1982

Joyce Boyd, M.D.
Ellis Duke
John Dutrow
Rev. Louis Foxwell, Jr.
Ronald Harris
James Harvey
Caroline Hendricks
Katharine Kindervatter
Harry Klinefelter, M.D.
Carmela Zito

July, 1983

Lee Bernhardt
Peter Borchardt
Carmalyn Dorsey
Kathleen Grau, LCSW
Benjamin Kimbers, Jr., D.D.S.
Betty Kimble
Shirley Marcus
Gerard O'Connor
Elaine Perry
Peggy Plonk

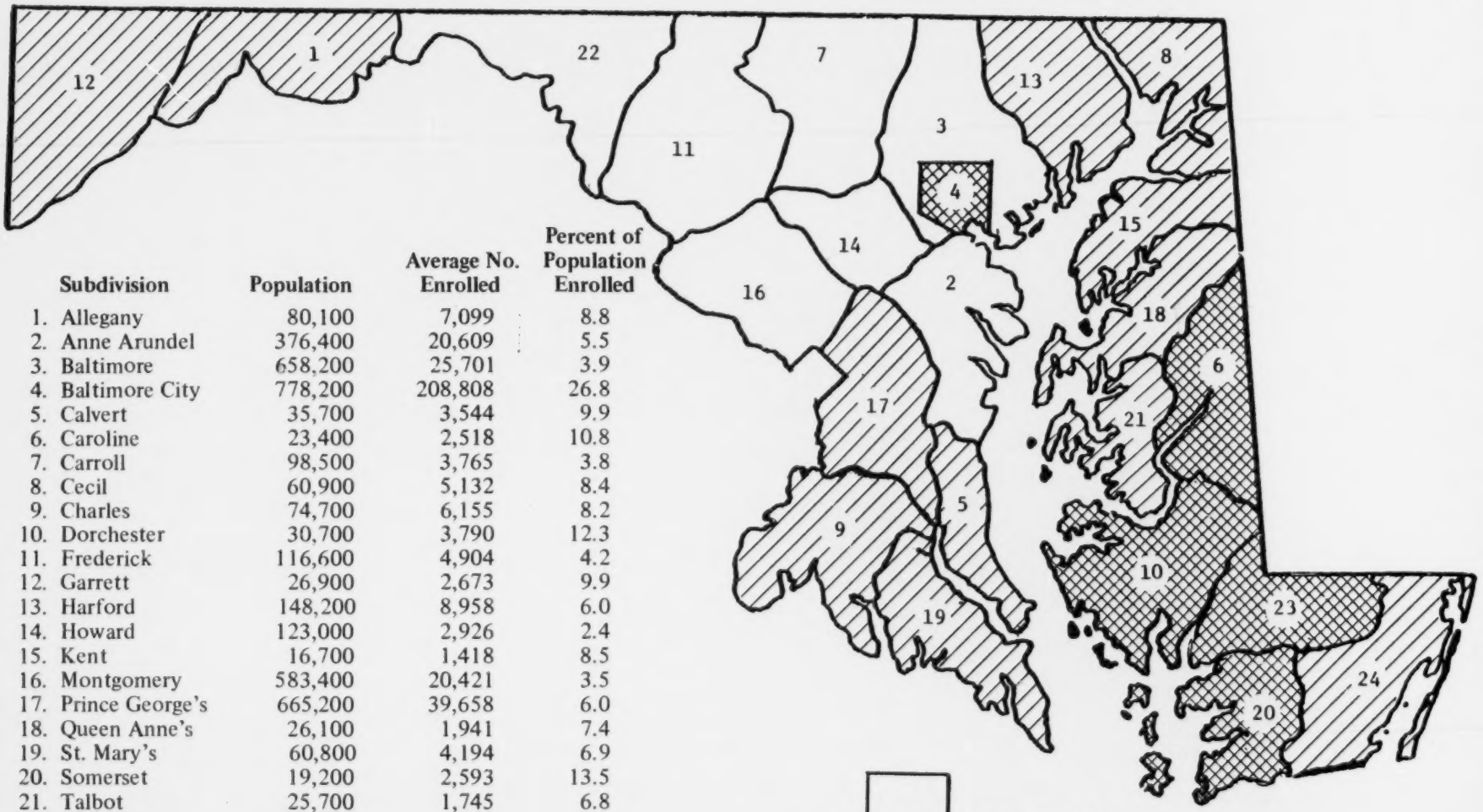
ENROLLMENT

During fiscal year 1981, the average monthly enrollment in the Maryland Medical Assistance Program was 394,466 people, 9.3% of the state's population. Enrollment rates ranged from 2.4% in Howard County to 26.8% in Baltimore City (see Figure 1).

From fiscal year 1967, the first full year of the Maryland Medical Assistance Program, through fiscal year 1973, the Program's enrollment increased at an average rate of over 9% per year. During fiscal year 1974, the trend was reversed when enrollment dropped by nearly 3%.

Figure 1

MARYLAND MEDICAL ASSISTANCE PROGRAM ENROLLMENT BY POLITICAL SUBDIVISION
Fiscal Year 1981



Subdivision	Population	Average No. Enrolled	Percent of Population Enrolled
1. Allegany	80,100	7,099	8.8
2. Anne Arundel	376,400	20,609	5.5
3. Baltimore	658,200	25,701	3.9
4. Baltimore City	778,200	208,808	26.8
5. Calvert	35,700	3,544	9.9
6. Caroline	23,400	2,518	10.8
7. Carroll	98,500	3,765	3.8
8. Cecil	60,900	5,132	8.4
9. Charles	74,700	6,155	8.2
10. Dorchester	30,700	3,790	12.3
11. Frederick	116,600	4,904	4.2
12. Garrett	26,900	2,673	9.9
13. Harford	148,200	8,958	6.0
14. Howard	123,000	2,926	2.4
15. Kent	16,700	1,418	8.5
16. Montgomery	583,400	20,421	3.5
17. Prince George's	665,200	39,658	6.0
18. Queen Anne's	26,100	1,941	7.4
19. St. Mary's	60,800	4,194	6.9
20. Somerset	19,200	2,593	13.5
21. Talbot	25,700	1,745	6.8
22. Washington	113,800	6,570	5.8
23. Wicomico	65,300	6,698	10.3
24. Worcester	31,400	2,646	8.4
The State	4,239,300	394,466	9.3

Enrollment rose again in fiscal years 1975 and 1976. Another decline in enrollment began in the spring of 1976 and continued through fiscal year 1979, with enrollment dropping a total of 13.8%. Enrollment began to increase again the next fiscal year, increasing by 2.8% in fiscal year 1980 and 4.8% in fiscal year 1981 (see Figure 2). Changes in economic factors such as inflation and the unemployment rate and changes in the Program's income standards have contributed to the fluctuation in average monthly enrollment.

There are two major categories of enrollees in the Medical Assistance Program.

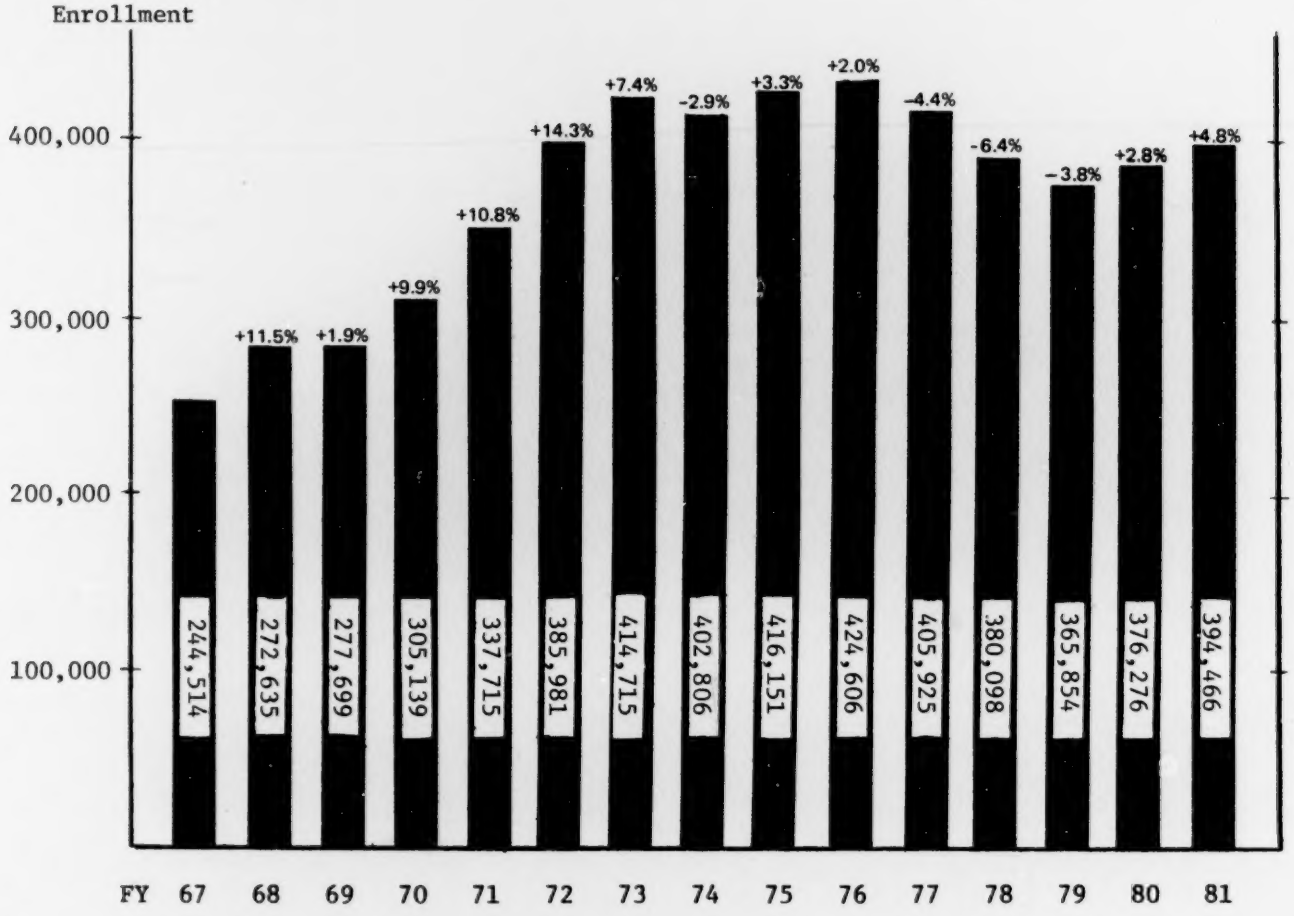
1. The *Categorically Indigent* are Medical Assistance enrollees who meet the financial eligibility requirements of the Aid to Families with Dependent Children (AFDC) Program (Title IV-A of the Social Security Act), the Supplemental Security Income (SSI) Program (Title XVI of the Social Security Act), or the General Public Assistance (GPA) Program. Federal matching funds are available to help pay for the cost of health care for AFDC and SSI recipients. Federal matching funds are not available for GPA recipients. Eligibility for SSI is established through the federal Social Security Administration and eligibility for AFDC and GPA is established through the state's local Departments of Social Services. In fiscal year 1981, 77.6% of all enrollees were *Categorically Indigent*.

2. The *Medically Indigent* are those persons whose income and resources, although greater than those of the *Categorically Indigent*, are insufficient to meet the cost of necessary health care services. To receive Medical Assistance benefits, the *Medically Indigent* must meet the Program's income standards, resource limits, and other eligibility requirements which the Program establishes consistent with federal regulations. In fiscal year 1981, 22.4% of all enrollees qualified as *Medically Indigent*.

Medical Assistance eligibility for the *Medically Indigent* is determined by the local Departments of Social Services according to Maryland Medical Assistance Program regulations, guidelines and standards. It is based on the number of persons in the family unit, the family's assets, and its net income (gross income less certain deductions and exclusions). The following chart shows the net income and the assets standards for fiscal year 1981.

Figure 2

MARYLAND MEDICAL ASSISTANCE PROGRAM
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1967 - 1981



Family Size	Net Income Standards	Assets Standards
1	$2,900	$2,500
2	3,400	2,600
3	3,900	2,700
4	4,400	2,800
Each Additional Person	+500	+100

Most persons aged 65 years and older and many blind and disabled persons who are enrolled in the Medical Assistance Program are also entitled to Medicare benefits. For persons enrolled in both Medicare and Medicaid, the Medical Assistance Program pays the required premiums for coverage under Medicare Part B and the deductibles and coinsurance portion of Medicare claims.

Enrollees who qualified for Medical Assistance through federally matched programs accounted for 82.6% of all enrollees. The remaining 17.4% qualified through state-only programs. Enrollees who were younger than twenty-one years of age accounted for 50.5% of total enrollees and 11.1% were sixty-five or older. Females represented 61.9% of the total enrollees while 61.7% of enrollees were non-white.

PROVIDERS

Approximately 8,500 Maryland health care providers received payments from the Maryland Medical Assistance Program in fiscal year 1981 for services rendered to eligible recipients. The list of Maryland providers includes 58 hospitals, 172 nursing facilities, 7 health maintenance organizations, 36 home health agencies, 82 personal care providers, 3 adult day care providers, and approximately 4,700 physicians and physician groups, 1,400 dentists, dental groups and clinics, 800 pharmacies, and 1,300 special service providers.

Each Medical Assistance enrollee may enroll in a health maintenance organization or may receive services from participating physicians, dentists, pharmacies, or other providers of his or her choice.

Providers must be approved by the Program in order to participate. Over 6 million provider invoices were processed by the Program in fiscal year 1981. About 15% of these

invoices were returned to providers for such reasons as recipient ineligibility or errors made in completing invoices. The chart below details the remaining 5.5 million invoices paid by service type.

NUMBER OF INVOICES - FY 1981

Physician	1,485,150
Pharmacy	2,578,848
Home Health*	16,508
Dental	173,664
Hospital Inpatient	116,637
Hospital Outpatient	860,203
Special Services	260,277
TOTAL	5,491,287

*Includes invoices from personal care and adult day care providers.

Ninety percent of all complete and accurate invoices are paid within 30 days of receipt by the Medical Assistance Program. The first two to three weeks is required to process the invoices and prepare vouchers. An additional week is required for submission of the vouchers to the Comptroller's office and the processing and payment of the vouchers.

Liaison committees have been formed with providers of nursing home, pharmacy, podiatry, dental, physician, and vision care services. The Program works closely with these liaison committees to explain policies and procedures and to resolve problems.

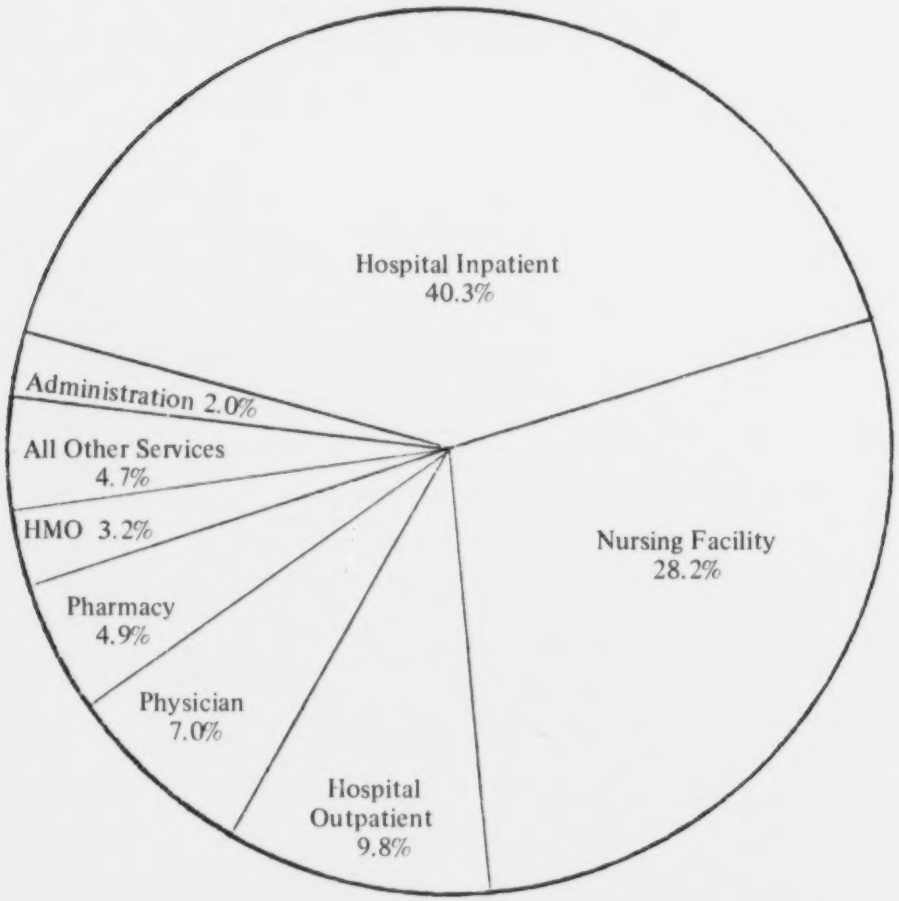
PAYMENTS

Total Medical Assistance expenditures in fiscal year 1981 were $444,232,956. Approximately 41% were federal funds and 59% were state funds.

Medical Care Programs' administration costs for fiscal year 1981 were $8,681,527, approximately 2.0% of total Program costs. Total health care payments were $435,551,429. Figure 3 shows Program payments in fiscal year 1981 by major service categories. Due to data processing limitations, all data for Program expenditures cannot be merged into one computer file. Therefore, the figures in the tables at the end of this report do not include financial data on the following services: premiums paid for buy-in of Part B of Medicare ($5,241,742); capitation payments for health maintenance organizations ($14,120,530); payments to local

Figure 3

MARYLAND MEDICAL ASSISTANCE PROGRAM
TOTAL PAYMENTS
Fiscal Year 1981



Hospital Inpatient	$179,061,095
Nursing Facility	125,075,043
Hospital Outpatient	43,606,800
Physician	31,160,674
Pharmacy	21,791,973
Health Maintenance Organization	14,120,530
All Other Services*	20,735,314
Administration	8,681,527
Total	$444,232,956

*Includes dental services, home health services, transportation, early and periodic screening, diagnosis and treatment services, special services, and Medicare Part B buy-in.

health departments for screenings under the early and periodic screening, diagnosis and treatment program ($191,420); and payments for general transportation services ($840,418). This report details the remaining $415,157,319 spent in fiscal year 1981 for services provided to Program recipients.

Figure 4 compares enrollees and payments by various characteristics. Comparisons by age of eligibles reveal that although enrollees 65 years or older represented only 11.1% of the total eligibles, they accounted for 34.5% of total payments. Those under 21 years of age accounted for 50.5% of enrollees but only 19.5% of Program payments. Analysis by eligibility category shows that AFDC recipients represented 57.3% of all enrollees and accounted for just 27.3% of Program payments. The federally matched Medically Indigent eligibles accounted for only 11.8% of enrollees but 37.1% of payments. SSI recipients represented 13.5% of enrollees and 18.2% of payments. Females made up 61.9% of enrollment and accounted for 66.0% of expenditures. Although white enrollees represented 38.3% of the eligibles, they accounted for 54.4% of total payments in fiscal year 1981.

SERVICES

A broad range of services is offered to Medical Assistance enrollees in Maryland. The federal government mandates that all state Medicaid programs provide hospital inpatient and outpatient services, physician services, other laboratory and X-ray services, skilled nursing facility services, home health care for adults, family planning services, early and periodic screening, diagnosis and treatment for children and transportation services. The federal government also participates in funding the following optional services which Maryland provides: long-term intermediate care, dental care, vision services, podiatry services, clinic services, pharmacy services, medical supplies and equipment, health maintenance organizations, medical day care, personal care, and other special treatment services.

Hospital Services

Fiscal year 1981 was the fourth year of the "Medicare Experiment," a reimbursement plan under which the Medical Assistance Program and Medicare joined with other payors to

reimburse hospitals according to rates approved by the Health Services Cost Review Commission. These rates are based on hospitals' actual costs and are constructed so that the Program assumes its portion of each hospital's bad debts.

In order to avert a severe budget crisis, the Program on January 1, 1981 instituted four cost containment measures directed at utilization of hospital services. The number of general hospital inpatient days for which the Program will pay was limited to 20 per spell of illness. The number of hospital preoperative days for which payment will be made was limited to one, unless additional days are authorized by the Program. Certain surgical procedures will be reimbursed only in an outpatient setting, unless preauthorized by the Program. Also, the Program discontinued payment for administrative days for patients in hospitals awaiting discharge to home or to a non-medical institution. At the same time that these measures were implemented, the Program began requiring all hospital invoices for inpatient surgical procedures to be coded with Current Procedural Terminology, 4th Edition (CPT-4) codes. This provides the Program with additional information used in monitoring service utilization.

The Program also strengthened its working relationship with the Professional Standards Review Organizations (PSROs). These non-profit, physician-operated organizations are responsible for assuring that health care for Medicaid patients in acute general hospitals is medically necessary, provided in accordance with professionally recognized standards of quality, and provided in the minimum duration and most economical level of institutional care appropriate to the patient's medical needs. Effective February 1981, by special arrangement between the PSROs and the Program, procedures were established for pre-admission review of non-emergency hospital admissions and approval of days of care for those recipients who are in eligibility categories for which federal matching funds are not available.

The results of these measures were significant reductions in the number of admissions and days of care in the second half of fiscal year 1981. The number of discharges was 4,100 less than in the first half of the fiscal year, and the number of total days of care declined by 68,000.

During fiscal year 1981, payments were made for approximately 640,000 days of inpatient care for 67,000 recipients at a cost to the Program of $179.1 million. The average per

diem rate of $279.70 was 7.9% higher than the fiscal year 1980 average of $259.30. There were approximately 698,000 hospital outpatient visits by about 218,000 persons in fiscal year 1981, costing the Program $43.6 million. The average payment of $62.45 per visit was 15.5% higher than the fiscal year 1980 average of $54.09 per visit. (See Tables 1, 2, 3, 7, 8, 9, 14, 15, 16, 17, 19 and 34.)

Nursing Facility Services

Nursing facility services are covered for medically and financially eligible recipients. The recipient must be certified by the Professional Standards Review Organization as requiring either an intermediate or skilled level of nursing care. Services are provided in free-standing and hospital-based nursing homes. The reimbursement ceiling for comprehensive care facility services provided in free-standing facilities in fiscal year 1981 was $38.41 per day, a 15.3% increase from the fiscal year 1980 ceiling of $33.31. Reimbursement rates for the six hospital-based facilities are determined by the Health Services Cost Review Commission.

In response to requests from the General Assembly, the Program has been exploring potential improvements in the methodology for reimbursing nursing home service providers. In September 1980, a contract was awarded for the development of a reimbursement methodology which would provide incentives for quality patient care and equitable reimbursement for providers.

The Program paid $125.1 million for 4.5 million days of care in fiscal year 1981, as compared to $103.2 million for 4.2 million days of care in fiscal year 1980. The average cost of $27.62 per patient day in fiscal year 1981 was 13.7% higher than the fiscal year 1980 average of $24.29. Payments from patients' own resources in fiscal year 1981 accounted for an additional average of $8.52 per day, a 17.8% increase from the average of $7.23 in fiscal year 1980. (See Tables 1, 2, 3, 7. 8, 9, 14, 15, 16, 18, 20, 21 and 34.)

Physician Services

Physicians' services reimbursed under the Medical Assistance Program are divided into two major categories: physician services rendered in the home, office or nursing home

(including services provided in free-standing clinics); and physician services rendered in the hospital.

In order to encourage greater physician participation in the Program, a graduated fee schedule was implemented on July 1, 1980. This new reimbursement schedule was based on the Standard American Medical Association Current Procedural Terminology-Fourth Edition (CPT-4) classification for physician services. The variable fee schedule, unlike the traditional fixed fee schedule, recognizes that visits often vary in complexity and time requirements. Physicians are reimbursed the lower of their usual and customary fee or the maximum reimbursement rate according to the revised schedule.

In fiscal year 1981, the Program paid a total of $31.2 million for physician services, a 20.8% increase over payments made in fiscal year 1980. Reimbursement for physician services provided in the hospital increased by 18.2%, from $13.8 million in fiscal year 1980 to $16.3 million in fiscal year 1981. Physicians were paid $13.2 million in fiscal year 1981 for 676,000 home and office visits as compared to $10.4 million in fiscal year 1980 for 704,000 visits. The cost per visit (including ancillary services) increased by 35.4%, from $12.67 in fiscal year 1980 to $17.15 in fiscal year 1981. Payments to clinics in fiscal year 1981 were $1.6 million, an increase of less than 1% over the previous year's payments. (See Tables 1, 2, 3, 7, 8, 9, 14, 15, 16, 20, 21, 22, 23 and 34.)

Pharmacy Services

Medical Assistance recipients may obtain prescription drugs and other specified items such as insulin, insulin syringes and needles, and family planning products when prescribed by a physician. Recipients are responsible for a copayment of 50 cents for each prescription filled, except for EPSDT-related or family planning prescriptions.

In addition to the amount paid for drug ingredients, pharmacists are paid a professional fee. In fiscal year 1981, the professional fee was increased from $2.55 to $2.95 for each original prescription or authorized refill.

To encourage the use of approved generic drug products, pharmacies and physicians are provided with a list of therapeutically equivalent drug products. The Program also maintains a list of drugs with maximum allowable cost (MAC) limits. This list, which included 42 price-controlled drugs in fiscal year 1981, is continually updated to reflect deletions and additions made by the Pharmaceutical Reimbursement Board of the Health Care Financing Administration.

The Medical Assistance Program paid $21.8 million for 2.6 million prescriptions in fiscal year 1981, an average of $8.45 per prescription. This included $7.6 million in professional fees and $14.2 million in prescription ingredient costs. (See Tables 1, 2, 3, 7, 8, 9, 14, 15, 16, 24, 25, 26, 27 and 34.)

Health Maintenance Organizations

A health maintenance organization (HMO) provides integrated and comprehensive health maintenance and treatment services to an enrolled group of persons for a prepaid, fixed capitation payment. The HMO approach emphasizes prevention of illness and maintenance of health rather than episodic acute care.

During the year, the Program worked to improve relations between HMOs and other providers, to limit HMO enrollment losses due to eligibility fluctuation, and to develop new strategies for informing Medical Assistance recipients about the HMO option.

The Program began the fiscal year with contracts with seven HMOs. However, due to financial difficulties, two of these HMOs, with a combined enrollment of over 5,000 Medical Assistance recipients, closed early in the fiscal year.

During fiscal year 1981, an average of 21,363 Medicaid eligibles were enrolled in the HMOs each month. The cost of this program was $14,120,530, or an average of $55.08 per person per month. In fiscal year 1980, a monthly average of 27,440 eligibles were enrolled at a total cost of $13,958,002, or an average of $42.39 per person per month.

Dental Services

The Program covers comprehensive dental services for Medical Assistance recipients under 21 years of age. Recipients who are 21 years old or older are eligible to receive services only for the treatment of a dental emergency and a few other specified services. Certain dental procedures require preauthorization.

In fiscal year 1981, the dental program spent $6.8 million to provide dental services to over 90,000 Medical Assistance recipients. Over 1,400 dentists provided services to Medical Assistance recipients during fiscal year 1981. (See Tables 1, 2, 3, 7, 8, 9, 14, 15, 16, 28, 29, 30 and 34.)

Home Health Services

The services reimbursed through the home health program include skilled nursing care, physical therapy, speech pathology services, occupational therapy, medical social services and home health aide services. Home health recipients must be homebound and under the care of a physician who orders the type, frequency and duration of home health services to be provided. Recipients who do not need skilled services may receive non-skilled services or home health aide services if these services will prevent or postpone institutionalization. Four additional home health service agencies participated in the program in fiscal year 1981, bringing the total to 36. These agencies serve all Maryland jurisdictions except Calvert, Charles and Queen Anne's counties.

Home health service providers are reimbursed on a per visit basis. In fiscal year 1981, the Program paid $1.4 million for services provided to approximately 2,594 persons costing an average of $531.20 per recipient. The average cost per recipient was 8.9% higher than the fiscal year 1980 average of $487.97 per recipient. (See Tables 1, 2, 3, 7, 8, 9, 14, 15, 16, 31 and 34.)

EPSDT Program

The early and periodic screening, diagnosis and treatment (EPSDT) program covers comprehensive health care services which are designed to detect physical and mental health problems and to provide necessary follow-up care to Medical Assistance recipients under 21

years of age. Federal regulations require the Program to assure the availability and delivery of EPSDT services, within a specified period of time, to all eligible recipients who request them. The screening services, which are provided by the 24 local health departments, five health maintenance organizations, and other approved providers, may include: a physical examination; laboratory tests; immunizations; hearing, vision, developmental, language and speech, and dental check-ups; and other optional screening procedures. The diagnostic and treatment services may be delivered by the screening provider or by another health care provider who participates in the Medical Assistance Program.

To increase the availability of EPSDT services throughout the state, the Program continued to recruit physicians in the private sector. During fiscal year 1981, 92 offices and clinics, representing 138 physicians, participated as EPSDT providers.

The Program's contract with a private health management corporation to improve the EPSDT program in Baltimore City was expanded to include the entire state. The contractor was responsible for providing outreach activities which included informing eligible families of the value of preventive health services and encouraging their participation in the EPSDT program. The contractor also is responsible for enrolling providers and maintaining a computerized case management system to track eligibles who are participating in the EPSDT program.

In fiscal year 1981, the local health departments were reimbursed for 6,974 screenings. Payments for these services totaled $191,420. (See Table 33.) Health maintenance organizations reported approximately 2,700 completed screenings for which reimbursement was included in the monthly capitation fee for each enrollee. The five Children and Youth Clinics in Baltimore City were reimbursed a fixed fee of $30.00 for each visit for providing 28,390 screenings. Private providers were reimbursed $336,050 for 12,094 screenings. The total number of screenings in fiscal year 1981 was over 50,000.

Other Services

Medical Day Care - Medical day care is available to Medical Assistance recipients whose physicians order the care and who are certified by the regional Professional Standards Review

Organization (PSRO) as requiring long term care. Recipients are transported to licensed day care centers where medical services, nursing services, medical social work, personal care, nutrition, habilitation therapy, and activities are provided on an outpatient basis for each certified recipient for up to five days per week.

In fiscal year 1981, medical day care was available through providers in Baltimore City, and Montgomery and Allegany counties.

Medical day care providers were reimbursed a total of $136,617 for rendering 4,817 days of care to a total of 42 recipients. The maximum reimbursement rate for medical day care services in fiscal year 1981 was $28.81 per day, an increase of 15% from the fiscal year 1980 maximum rate of $24.98.

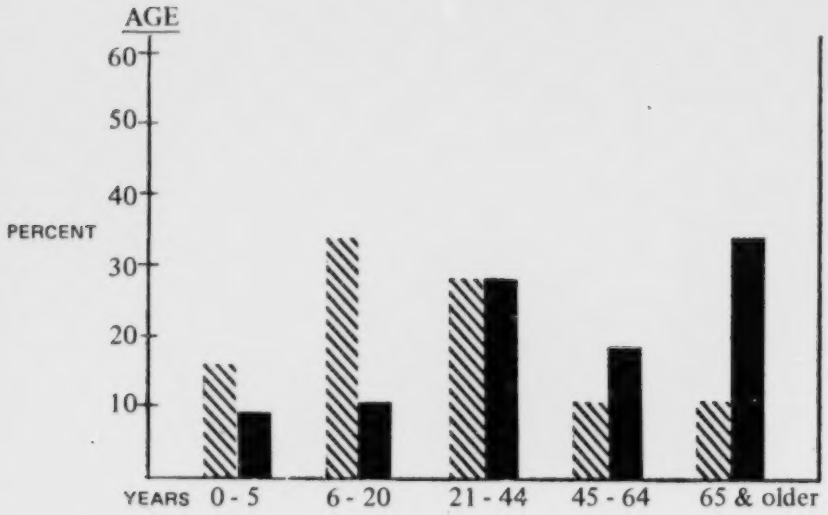
Personal Care - In January 1981, the Program began reimbursement for personal care services provided to chronically ill or disabled recipients who are under the care of a physician and who require assistance at home with activities of daily living. Services may be performed by a friend or neighbor of the recipient and are monitored by a registered nurse. Personal care services vary according to the needs of each patient. Generally, such services include: basic assistance with dressing and grooming, toileting, self-administered medications, food, nutrition and diet; assistance with transfer and ambulation; escort to medical services; and performance of incidental household services essential to the patient's health. Personal care does not cover home delivered meals, skilled services nor services primarily for housekeeping. The objectives of the program are to prevent patient deterioration, delay institutionalization, and prevent inappropriate institutionalization. The personal care program was implemented in Baltimore City and Anne Arundel, Baltimore, Carroll, Howard, and Harford counties in fiscal year 1981. Total expenditures were $37,962 for services to 99 recipients.

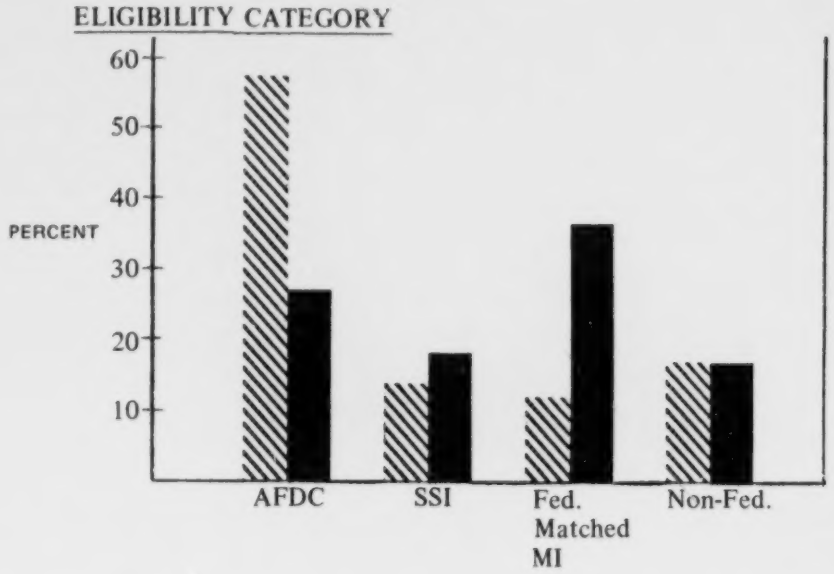
Vision Care Services - The vision care program covers examinations and eyeglass services rendered by optometrists and opticians for recipients of all ages, based on limitations implemented in January, 1976. Other diagnostic and treatment services also are available. Providers must obtain preauthorization for vision care services not covered under the Medicare Program.

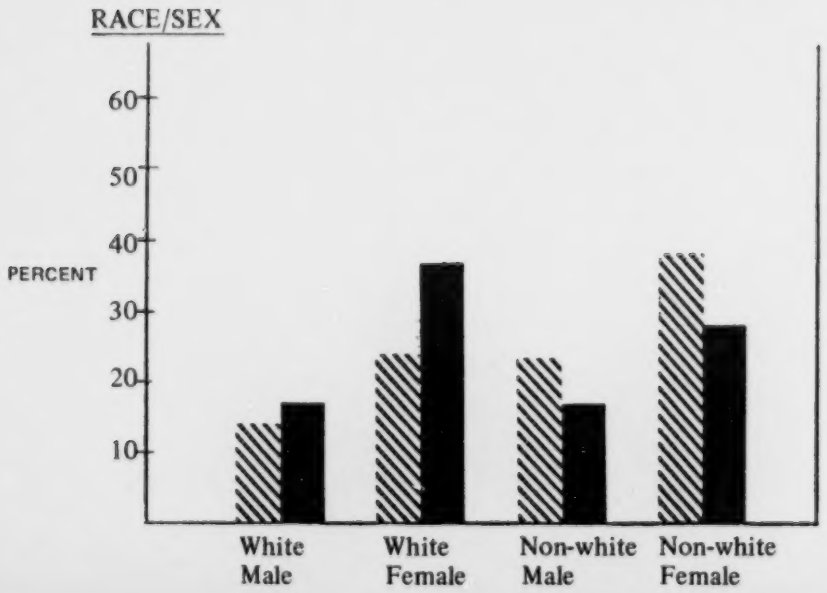
Figure 4

MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT AND PAYMENTS BY SELECTED CHARACTERISTICS

Fiscal Year 1981







ENROLLMENT

PAYMENTS

Disposable Medical Supplies and Durable Medical Equipment - The Program pays for certain disposable medical supplies and covers the rental, purchase or repair of durable medical equipment for eligible recipients based upon the recipient's need and the type of equipment. Preauthorization must be obtained for disposable medical supplies or equipment costing more than $40 or renting for more than $10 per month. Payments are also made for oxygen equipment and services used in the recipient's home, subject to prior approval by the Program.

Transportation Services - There are two categories of transportation services available to recipients. The ambulance and wheelchair van program covers non-emergency trips to and from hospitals by ambulance and wheelchair van. Some services, including all trips to hospital outpatient departments, must be preauthorized. Providers of ambulance and wheelchair van services were given a fee increase effective July 1, 1980.

The general transportation program pays for the actual cost of transporting Medical Assistance recipients to and from health appointments by taxis, buses and mini-vans. Providers include health departments, hospitals and community groups.

Podiatry Services - The podiatry program covers surgical and emergency services and limited routine foot care in the recipient's home, the podiatrist's office, or a nursing home. Reimbursement also is made for surgery performed in a hospital, provided it is done within the provisions of the hospital regulations.

In fiscal year 1981, podiatry regulations were amended to modify preauthorization requirements. Specific surgical procedures which formerly required preauthorization are now subject to post-operative review.

Physical Therapy Program - The physical therapy program covers medically necessary therapy ordered by a physician, podiatrist or dentist when provided in the recipient's home, the therapist's office, or a domiciliary care facility. During fiscal year 1981, regulations governing the delivery of this service were adopted.

Medical Laboratory Program - This program reimburses independent laboratories for procedures ordered by a physician, podiatrist or dentist. Laboratory services rendered by physicians in their offices for their own patients are not included in this program. Laboratories

may bill the Program only for those procedures for which the laboratory has been certified by Medicare.

Geriatric Evaluation Service - Geriatric evaluation service (GES) provides a multidisciplinary assessment of the needs and resources of elderly persons considered for admission to a mental hospital or other long term care facility. GES is managed by the Administration for Services to the Chronically Ill and Aging of the Department of Health and Mental Hygiene and is provided through the local health departments. It provides health and social assessments of aged persons at risk of institutionalization and helps patients, physicians and other caregivers to implement its recommendations. Services are located in all Maryland jurisdictions except Calvert and Charles counties, whose residents have access to the service in neighboring counties. Of the total evaluations and consultations made by GES teams in fiscal year 1981, 23% or 1,061 contacts were for Medical Assistance recipients.

Community Placement Program - The community placement program (CPP) is a systematic approach to meeting the long term health care needs of Medical Assistance recipients. CPP services are provided to Medical Assistance recipients who live in the community, have long term care needs and are at risk of institutionalization, or who are candidates for discharge from institutions but require health services to remain in the community. CPP provides comprehensive and coordinated services, including the evaluation of the recipient's needs, development of a plan of care, placement follow-up, and the identification of community services needed to maintain the recipient in the community. Baltimore City and Baltimore and Queen Anne's counties received CPP grants in fiscal year 1981.

MARYLAND PHARMACY ASSISTANCE PROGRAM

The Maryland Pharmacy Assistance Program, established by the Maryland General Assembly during its 1978 session, is administered by the Assistant Secretary for Medical Care Programs. The purpose of this program is to help low-income families and individuals who are not eligible for Medical Assistance pay for prescriptions, insulin, and certain medical supplies. The Pharmacy Assistance Program, implemented in January 1979, is supported entirely by state funds.

Eligibility for Pharmacy Assistance is based on the financial resources available to the family unit. In fiscal year 1981, the maximum allowable income level was $1,500 above the Medical Assistance scale. The asset standards for the Pharmacy Assistance Program are the same as those for the Medical Assistance Program. The following chart shows the gross income and the asset levels for fiscal year 1981.

Family size	Gross Income Standards	Assets Standards
1	$4,400	$2,500
2	4,900	2,600
3	5,400	2,700
4	5,900	2,800
Each Additional Person	+500	+100

In fiscal year 1981, the Program implemented a new income verification procedure. This increases the Program's quality control efforts by assuring that only eligible applicants are enrolled.

In fiscal year 1981, a total of 12,290 individuals were enrolled in the program. There were 212,779 prescriptions filled at a cost to the Program of $2,018,976, an average of $9.49 per prescription. Recipients are required to pay a $1.00 copayment for each prescription.

This is the only section of this publication in which information on the Maryland Pharmacy Assistance Program appears. All other statistics in this report are for the Maryland Medical Assistance Program only.

PROGRAM CONTROLS

Efficient administration continues to be a major Medical Assistance Program priority. Over the past years, additional resources have been received for the development and implementation of improved program controls. The effect of these improvements is reflected in the major management control activities of the past year.

Medicaid Quality Control

Through the Medicaid Quality Control process, the Program reviews Medical Assistance cases in order to determine the amount of erroneous payments due to:

- Eligibility determination errors;
- Claims processing errors; and
- Failure to recover for third party liability.

Based on federally mandated sampling procedures, approximately 3,500 cases were selected for review in fiscal year 1981.

The 1981 Medicaid Quality Control Corrective Action Plan identifies, evaluates and selects ways to eliminate or reduce errors in the Medicaid payment process. Incorporated in the Plan are:

- An implementation schedule for the revised regulatory base for Medical Assistance eligibility in Maryland;
- A guideline for correcting claims processing errors made in the calculation of patient resources for a partial month of institutionalization; and
- A cost analysis of the Maryland Medicaid - Title IV-D Agency cooperative program for the retrieval of third party liability information.

In addition, the Program initiated a supplemental post-payment review of claims in order to identify flaws within the payment system and to perform focused reviews of aberrant billing practices by providers. Over 260,000 invoices were selected and reviewed as a result of the Medicaid Quality Control process and requests from Program managers.

Recoveries

The Medical Assistance Program recovers money spent for health care services from sources allowed by federal or state law. These sources include, among others, health insurance, tort liability, estates, paternity/child support, and workmen's compensation.

Early in fiscal year 1981 the Insurance Reporting Form (IRF) became a mandatory part of the application for Medical Assistance. The information required for the completion of the IRF will facilitate future collections from private health insurance resources available to

Program recipients. In addition, two projects were initiated which will increase the efficiency and effectiveness of recovery activities. These projects were the development of a cooperative agreement with the Department of Human Resources for the implementation of a comprehensive medical child support collection system and the automation of major recovery operations now performed manually.

Collections in fiscal year 1981 totaled $8.2 million, a 22% increase over fiscal year 1980.

Fraud Investigations

The Maryland Medical Assistance Program investigates cases of suspected fraud by Medicaid recipients. Investigations into alleged provider fraud are the responsibility of the Medicaid Fraud Control Unit in the Office of the Attorney General. Recipient fraud may result from the failure to report income or assets, the use of Medicaid cards by ineligible persons, or the forging of prescriptions. Referrals of possible fraud come from providers, local Departments of Social Services, local police jurisdictions, concerned citizens, and from internal Program reviews.

The following chart shows fraud investigation activities in fiscal year 1981.

	Fiscal Year 1981
Completed Investigations	423
Referrals to State's Attorneys	50
Successful Prosecutions	33
Cases Pending with State's Attorneys	21
Cases Pending Investigation	605
Fines, Savings and Recoveries	$99,854

Abuse Investigations

Cases of possible abuse by providers are reviewed and investigated by the Medical Assistance Program. A sample of invoices submitted by providers is reviewed to identify inconsistencies with Program regulations and policies. In addition, provider-specific reviews of aberrant billing practices are conducted. Many irregularities can be resolved by obtaining additional information through letters to providers requesting clarification or by making on-site visits to a provider's place of business. Cases with implications of abuse are referred to peer groups, to the Commission on Medical Discipline and to Professional Standards Review

Organizations. When fraud is suspected, referral is made to the Medicaid Fraud Control Unit in the Office of the Attorney General.

Cases of possible recipient abuse also are investigated by the Program. Recipients who are found to abuse Medical Assistance benefits are counseled and their utilization of services is monitored.

Medicaid Management Information System (MMIS)

The Medicaid Management Information System (MMIS) is a sophisticated, highly integrated computerized claims processing system which has the capability to:

- Reduce erroneous and duplicate payment of bills;
- Provide more efficient and accurate processing of invoices;
- Assist the Program in its fraud and abuse activities and eliminate possible waste; and
- Produce utilization review and management reports.

System development activities have been coordinated with the Department of Human Resources so that its Automated Income Maintenance System (AIMS) can pass recipient eligibility data to MMIS in a completely automated mode. File reconciliation procedures agreed to by the two departments were designed to insure a high degree of data compatibility and reliability.

The Program's efforts to install MMIS in fiscal year 1981 were delayed. The consultant hired to design and install the computer system was unable to meet contract requirements.

PROGRAM COMMENT

Total expenditures of the Medical Assistance Program have increased significantly in recent years. Total payments grew from $242.2 million in fiscal year 1977 to $415.2 million in fiscal year 1981, an average annual increase of 14.4%.

The level of Program spending is determined by the interaction of three major factors: enrollment, cost of services and service utilization. The following tables present information on these factors for fiscal years 1977 through 1981. Table A displays total Program payments and payments by major service category, Table B shows average monthly enrollment, Table C presents the cost per unit of service by major service type, and Table D shows the number of units of service per enrollee.

Table B
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1977 - 1981

FISCAL YEAR	AVERAGE MONTHLY ENROLLMENT	PERCENT CHANGE
1977	405,925	
1978	380,098	- 6.4%
1979	365,854	- 3.7%
1980	376,276	+2.8%
1981	394,466	+4.8%
Average Annual Change FY 77 - 81		- 0.7%

Table C
COST PER UNIT OF SERVICE
Fiscal Years 1977 - 1981

ISCAL YEAR	ACUTE GENERAL HOSPITAL INPATIENT (Day)	NURSING FACILITY (Day)	HOSPITAL OUTPATIENT (Visit)	PHYSICIAN IN HOSPITAL (Service)	PHYSICIAN HOME AND OFFICE (Visit)	PHARMACY (Invoice)	DENTAL (Service)
1977	$191.10	$18.62	$40.11	$10.97	$10.75	$5.83	$7.61
1978	218.92 (+14.6%)	20.27 (+8.9%)	41.42 (+3.3%)	11.96 (+9.0%)	10.82 (+0.7%)	6.23 (+6.9%)	7.79 (+2.4%)
1979	245.53 (+12.1%)	22.46 (+10.8%)	46.41 (+12.0%)	14.40 (+20.4%)	11.64 (+7.6%)	6.80 (+9.1%)	8.41 (+8.0%)
1980	269.89 (+9.9%)	24.29 (+8.1%)	51.50 (+11.0%)	14.67 (+1.9%)	12.67 (+8.8%)	7.42 (+9.1%)	10.57 (+25.7%)
1981	291.78 (+8.1%)	27.63 (+13.8%)	59.39 (+15.3%)	16.11 (+9.8%)	17.14 (+35.3%)	8.45 (+13.9%)	10.57 (0.0%)
Average Annual Change FY 77 - 81	(+11.2%)	(+10.4%)	(+10.3%)	(+10.1%)	(+12.4%)	(+9.7%)	(+8.6%)

Table D
NUMBER OF UNITS OF SERVICE PER ENROLLEE YEAR
Fiscal Years 1977 - 1981

ISCAL YEAR	ACUTE GENERAL HOSPITAL INPATIENT (Days)	NURSING FACILITY (Days)	HOSPITAL OUTPATIENT (Visits)	PHYSICIAN IN HOSPITAL (Services)	PHYSICIAN HOME AND OFFICE (Visits)	PHARMACY (Invoices)	DENTAL (Services)
1977	1.28	8.60	1.44	1.89	1.81	6.43	1.57
1978	1.33 (+3.9%)	9.63 (+11.9%)	1.59 (+10.4%)	1.88 (-0.5%)	1.85 (+2.2%)	6.43 (0.0%)	1.55 (-1.3%)
1979	1.42 (+6.8%)	10.45 (+8.5%)	1.74 (+9.4%)	1.79 (-4.8%)	1.75 (-5.4%)	6.38 (-0.8%)	1.66 (+7.1%)
1980	1.56 (+9.8%)	11.29 (+8.0%)	1.86 (+6.9%)	2.14 (+19.6%)	1.87 (+6.9%)	6.49 (+1.7%)	1.66 (0.0%)
1981	1.43 (-8.3%)	11.48 (+1.7%)	1.77 (-4.8%)	2.21 (+3.3%)	1.71 (-8.5%)	6.54 (+0.6%)	1.63 (-1.8%)
Average Annual Change FY 77 - 81	(+2.8%)	(+7.5%)	(+5.3%)	(+4.0%)	(-1.4%)	(+0.4%)	(+0.9%)

Payments for each of the hospital-related services listed in Table A (acute general hospital inpatient, hospital outpatient, and physician in hospital) increased at a rapidly escalating rate between fiscal years 1977 and 1980. Combined, they increased 9.9% in fiscal year 1978, 15.8% in fiscal year 1979, and 23.3% in fiscal year 1980.

Payments for acute general hospital inpatient services, the single largest service component of the Program (43.0% of total payments in fiscal year 1980), had the highest rate of increase during this period, an average of 16.9% per year. When the decrease in enrollment (Table B) is taken into account, the average annual increase in acute general hospital inpatient payments per enrollee was 19.8%. As Tables C and D indicate, the overwhelming majority of the 14.6% increase in payments per enrollee in fiscal year 1978 was due to an increase in the cost per day. In fiscal year 1979, more than one-third of the increase (6.8%) was due to an increase in the number of hospital days per enrollee. In fiscal year 1980, the increase was almost equally divided between increases in the cost per day and in the number of days per enrollee.

Late in fiscal year 1980, an analysis of these trends in enrollment, cost per services and service utilization indicated that, if allowed to continue, there would be a cumulative budget deficit of $79 million for fiscal years 1980 and 1981. This projected deficit was due primarily to the rapid and unanticipated accelerating increase in the number of hospital admissions and days of care through fiscal year 1980 and the first few months of fiscal year 1981.

In order to counteract the potential financial crisis without denying necessary services to Program recipients, a cost containment program was implemented in fiscal year 1981. This plan was developed by the Program in consultation with the Governor's office, the House Appropriations Subcommittee on Health and the Environment, other legislative leaders, the Medical Assistance Advisory Committee, regulatory agencies, and various provider and consumer groups. The plan was designed to reduce inappropriate utilization of inpatient services by eliminating some unnecessary admissions and by encouraging improved treatment and discharge planning efforts to shorten lengths of stay.

The measures adopted, four regulation changes and intensified hospital admission review procedures, were directed specifically at hospital inpatient utilization. The regulation changes,

effective January 1, 1981, were: a limitation on the number of general hospital days for which the Program will pay to 20 per spell of illness; a one day limit on pre-operative inpatient days for most surgical admissions; a requirement that specified surgical procedures be performed on an outpatient basis unless inpatient care is approved as medically necessary; and a discontinuation of payment for administrative days in general hospitals for patients awaiting discharge to home or non-medical institutions. In addition to these four regulatory changes, the Program contracted in February, 1981 with the Professional Standards Review Organizations to perform preadmission reviews of all elective admissions and to approve, retrospectively, all emergency admissions for Medical Assistance recipients for whom federal matching funds are not available. All admissions requiring preadmission approval are assigned a length of stay based on admitting diagnosis. These intensified hospital utilization review procedures were expanded to cover all Medical Assistance recipients in July, 1981.

The data presented in the tables for fiscal year 1981 reflect the impact of the first few months of these cost containment measures on hospital utilization. Payments for acute general hospital inpatient services increased only 5.2% in fiscal year 1981, less than one-third the average rate of increase in the preceding years. The number of days per enrollee year dropped 8.3% after having increased 9.8% in fiscal year 1980. There were 68,000 fewer inpatient days in the second half of fiscal year 1981 (after the imposition of utilization controls) than in the first half of the year.

While these measures have been successful thus far in slowing the growth in the largest and, until the last half of fiscal year 1981, the most rapidly increasing service component, the Program must continue to monitor enrollment, cost and utilization trends. These efforts will become more crucial with continuing inflation and the possibility of various types of federal funding cuts or caps.

One area of particular concern is nursing facility services, the second largest service component. The average annual rate of increase in nursing home payments since fiscal year 1977 is the highest of all of the major services, and the rate of growth is accelerating. Nursing facility payments have increased as a percentage of total payments from 26.8% in fiscal year 1977 to 30.1% in fiscal year 1981. The average annual increase in cost per day of care has been

10.4% and the average annual increase in total days of care has been 6.7%. As the population continues to age, and as the demand for long term care increases, payments for nursing facility services are likely to account for an ever increasing proportion of the Medical Assistance Program's budget.

TABLES

The following tables, prepared by the Maryland Center for Health Statistics, give further details on the operations and activities of the Maryland Medical Assistance Program. Tables 1 - 16 describe Program payments, enrollees, recipients and services provided by eligibility categories, residence, and selected demographic characteristics. Tables 17 - 33 provide detailed information on the number of and payments for specific services. Table 34 provides a summary of selected Program data over a five year period.

Participating health care providers have twelve months from the date the service is given within which to submit claims to the Medical Assistance Program. Since the statistics in the following tables are based on the date payment is made, rather than the date service is provided, the statistics represent some services provided in the previous fiscal year.

Because many services for persons aged 65 years and older or disabled persons are partially funded by the federal Medicare program, the number of services provided and the expenditures under the Maryland Medical Assistance Program for these persons do not represent all of the health care services they receive. Tables 1 - 16 reflect only the health care services for those aged 65 and over paid for by the Medical Assistance Program.

Table A

TRENDS IN MEDICAL ASSISTANCE PROGRAM PAYMENTS BY TYPE OF SERVICE
Fiscal Years 1977 - 1981

FISCAL YEAR	ACUTE GENERAL HOSPITAL INPATIENT	NURSING FACILITY	HOSPITAL OUTPATIENT	PHYSICIAN IN HOSPITAL	PHYSICIAN HOME AND OFFICE	PHARMACY	DENTAL	OTHER[1]	TOTAL[2]
1977	$99,091,240	$65,030,149	$24,891,308	$8,406,487	$7,900,364	$15,217,274	$ 4,852,090	$16,829,702	$242,218,614
1978	110,354,981 (+11.4%)	74,165,134 (+14.0%)	26,642,525 (+7.0%)	8,532,354 (+1.5%)	7,621,344 (-3.5%)	15,240,882 (+0.2%)	4,593,107 (-5.3%)	15,967,350 (-5.1%)	263,117,677 (+8.6%)
1979	127,965,838 (+16.0%)	87,233,510 (+17.6%)	31,166,396 (+17.0%)	9,412,296 (+10.3%)	7,439,518 (-2.4%)	15,872,172 (+4.1%)	5,092,534 (+10.9%)	17,726,835 (+11.0%)	301,909,099 (+14.7%)
1980	158,115,084 (+23.6%)	103,213,195 (+18.3%)	37,819,979 (+21.3%)	11,812,309 (+25.5%)	8,917,679 (+19.9%)	18,119,414 (+14.2%)	6,622,081 (+30.0%)	23,034,952 (+29.9%)	367,654,693 (+21.8%)
1981	166,327,224 (+5.2%)	125,075,043 (+21.2%)	43,606,800 (+15.3%)	14,070,680 (+19.1%)	11,595,956 (+30.0%)	21,791,973 (+20.3%)	6,811,754 (+2.9%)	25,877,889 (+12.3%)	415,157,319 (+12.9%)
Average Annual Change FY 77 - 81	(+13.8%)	(+18.0%)	(+15.0%)	(+13.7%)	(+10.1%)	(+9.4%)	(+8.9%)	(+11.4%)	(+14.4%)

[1] Includes payments to special hospitals; payments for clinic, home health, and special services; and premiums for buy-in Part B, coinsurance and deductable of Medicare (for hospital inpatient and outpatient and physician home and office and in hospital services).

[2] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 1. Payments and Average Number of Enrollees by Eligibility Category and Type of Service: Fiscal Year 1981

Eligibility Category[2]	ENROLLEES		PAYMENTS[1] TYPE OF SERVICE								
	Average Number	Percent of Total	Total	Hospital Inpatient	Comprehensive Care	Hospital Outpatient	Physician	Pharmacy	Dental	Home Health	Special Services
TOTAL	394,466	100.0	$415,157,319	$179,061,095	$125,075,043	$43,606,800	$31,160,674	$21,791,973	$6,811,754	$1,377,932	$6,272,048
Federally Matched Indigent	279,431	70.8	188,774,518	96,687,036	20,174,662	30,699,093	19,320,507	12,227,529	5,057,011	892,345	3,716,335
OAA	19,607	5.0	24,373,416	5,679,621	13,055,121	845,180	1,461,066	2,619,318	125,504	141,468	446,138
AFDC	226,246	57.3	113,262,775	62,714,528	7,209	24,087,063	14,256,681	5,482,060	4,468,249	131,049	2,115,936
PANB	379	0.1	475,210	200,028	152,365	34,753	26,926	44,692	4,162	3,240	9,044
APTD	33,065	8.4	50,546,364	28,029,025	6,959,967	5,719,028	3,562,438	4,062,800	457,667	615,550	1,139,889
EP	134	*	116,753	63,834	-	13,069	13,396	18,659	1,429	1,038	5,328
Federally Matched Medically Indigent	46,640	11.8	153,932,193	33,301,617	104,124,410	3,235,754	4,780,191	6,026,353	836,274	308,828	1,318,766
MAO	16,943	4.3	109,994,589	7,670,738	94,668,566	485,228	1,714,788	4,488,161	67,603	156,994	742,511
MAB	29	*	88,382	11,695	66,328	2,043	2,984	4,379	262	-	691
MAD	5,036	1.3	20,199,861	8,223,136	9,364,871	484,285	726,482	953,302	52,147	128,596	267,042
MAFC	7,614	1.9	3,870,051	2,611,350	1,732	516,602	383,389	112,585	180,551	1,891	61,951
MAC	12,982	3.3	13,512,654	10,235,593	11,292	1,176,613	1,234,399	231,772	476,236	11,104	135,645
MAR	4,036	1.0	6,266,656	4,549,105	11,621	570,983	718,149	236,154	59,475	10,243	110,926
Non-Federally Matched	68,395	17.4	72,450,608	49,072,442	775,971	9,671,953	7,059,976	3,538,091	918,469	176,759	1,236,947
GPA	26,695	6.8	36,092,202	22,802,222	27,660	6,075,147	3,596,875	2,178,224	592,284	74,793	744,997
STND 1	41,363	10.5	36,210,142	26,176,616	748,311	3,573,475	3,448,934	1,353,740	318,415	101,966	488,685
SA	337	0.1	148,264	93,604	-	23,331	14,167	6,127	7,770	-	3,265

[1]Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

[2]See Glossary of Terms for definitions of eligibility categories.

*Less than 0.05 percent.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 2. Average Payment per Enrollee by Eligibility Category and Type of Service: Fiscal Year 1981

Eligibility Category[1]	TYPE OF SERVICE								
	Total[2]	Hospital Inpatient	Comprehensive Care	Hospital Outpatient	Physician	Pharmacy	Dental	Home Health	Special Services
TOTAL	$1,052	$454	$317	$111	$ 79	$ 55	$ 17	$ 3	$16
derally Matched Indigent	675	346	72	110	69	44	18	3	13
OAA	1,243	290	666	43	74	134	6	7	23
AFDC	501	277	-	107	63	24	20	1	9
PANB	1,254	528	402	92	71	118	11	8	24
APTD	1,529	848	210	173	108	123	14	19	34
EP	871	476	-	97	100	139	11	8	40
derally Matched dically Indigent	3,300	714	2,233	69	102	129	18	7	28
MAO	6,492	453	5,587	29	101	265	4	9	44
MAB	3,048	403	2,287	71	103	151	9	-	24
MAD	4,011	1,633	1,860	96	144	189	10	26	53
MAFC	508	343	-	68	50	15	24	-	8
MAC	1,041	788	1	91	95	18	37	1	10
MAR	1,553	1,127	3	141	178	59	15	3	27
n-Federally Matched	1,059	717	11	141	103	52	14	3	18
GPA	1,352	854	1	227	135	82	22	3	28
STND I	875	633	18	86	83	33	8	2	12
SA	440	278	-	69	42	18	23	-	10

ee Glossary of Terms for definitions of eligibility categories.

oes not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; ayments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; r payments for general transportation services.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 3. Number of Recipients of Services by Eligibility Category and Type of Service: Fiscal Year 1981

Eligibility Category[1]	One or More Types of Service[2]	TYPE OF SERVICE							
		Hospital Inpatient	Comprehensive Care	Hospital Outpatient	Physician	Pharmacy	Dental	Home Health	Special Services
TOTAL	378,390	67,150	16,500	218,125	283,075	263,872	90,823	2,594	114,860
Federally Matched Indigent	265,930	41,871	2,709	163,204	201,032	189,536	70,870	1,792	76,553
OAA	18,029	5,302	1,815	9,004	13,989	15,464	1,291	368	6,918
AFDC	218,599	29,355	95	135,689	164,041	149,745	64,337	454	58,429
PANB	324	78	18	203	237	260	52	11	93
APTD	28,858	7,115	781	18,233	22,665	23,963	5,172	955	11,056
EP	120	21	-	75	100	104	18	4	57
Federally Matched Medically Indigent	57,135	13,446	13,729	23,990	41,093	38,196	10,237	445	20,851
MAO	21,663	5,690	12,590	7,228	15,206	17,772	1,046	199	11,705
MAB	31	8	6	19	24	24	4	-	12
MAD	5,521	1,927	1,128	2,573	4,083	3,893	583	163	2,523
MAFC	6,300	687	1	3,050	4,864	3,354	2,430	7	1,387
MAC	17,750	3,524	-	8,216	12,458	9,383	5,283	37	3,284
MAR	5,870	1,610	4	2,904	4,458	3,770	891	39	1,940
Non-Federally Matched	55,325	11,833	62	30,931	40,950	36,140	9,716	357	17,456
GPA	32,164	6,234	13	20,121	25,178	24,076	6,861	214	11,885
STND I	22,949	5,585	49	10,721	15,628	11,950	2,756	143	5,524
SA	212	14	-	89	144	114	99	-	47

[1] See Glossary of Terms for definitions of eligibility categories.

[2] Does not include buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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Table 4. Payments for Services by Residence of Enrollee and Eligibility Category: Fiscal Year 1981

Area of Residence	ELIGIBILITY CATEGORY[1]														
	Total[2]	Federally Matched Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	AFDC	PANB	APTD	EP	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND 1	SA
Total State	$415,157,319	$24,373,416	$113,262,775	$475,210	$50,546,364	$116,753	$109,994,589	$88,382	$20,199,861	$3,870,051	$13,512,654	$6,266,656	$36,092,202	$36,210,142	$148,264
Baltimore City	198,214,695	10,944,033	68,565,629	300,212	29,018,211	60,641	36,776,398	20,649	7,465,633	1,640,188	3,612,771	1,576,127	24,409,419	13,777,140	45,644
Total Counties	216,942,624	13,429,383	44,697,146	174,998	21,528,153	56,112	73,218,191	67,733	12,734,228	2,229,863	9,899,883	4,688,529	11,682,783	22,433,002	102,620
Allegany	9,528,831	713,121	1,501,731	22,925	1,121,636	256	3,991,030	7,758	675,260	19,392	420,526	187,864	141,948	725,026	358
Anne Arundel	21,457,831	1,006,710	5,641,006	26,800	2,103,416	447	5,994,568	11,984	1,361,585	186,004	943,732	486,387	1,594,367	2,101,033	(208)
Baltimore	36,616,902	1,564,590	6,349,989	-	3,300,104	9,111	16,160,744	598	2,575,452	375,393	870,156	479,446	1,650,996	3,210,585	69,738
Calvert	3,563,304	236,987	765,241	23	475,440	314	790,130	11,683	182,007	12,562	285,990	242,713	166,969	392,105	1,140
Caroline	2,645,468	291,321	578,586	-	254,713	1,179	810,452	5,305	127,739	33,240	163,627	43,677	135,420	200,209	-
Carroll	4,678,123	439,050	665,622	14,347	362,131	-	1,993,293	-	248,015	75,397	288,642	46,859	208,870	335,897	-
Cecil	4,732,610	267,949	1,251,447	376	528,252	2,679	1,190,608	148	155,658	65,245	243,985	142,463	213,479	670,321	-
Charles	5,575,910	404,639	1,544,442	13,672	544,248	4,698	1,030,827	8,330	191,274	71,707	503,093	176,358	256,271	825,928	423
Dorchester	4,189,387	417,890	932,051	13,212	396,253	2,962	1,431,244	-	180,913	36,227	126,006	62,347	212,438	376,243	1,601
Frederick	6,045,454	473,606	856,779	1,199	450,648	30	2,752,435	501	341,116	41,841	234,321	169,974	252,017	469,252	1,735
Garrett	3,280,561	328,882	383,977	713	306,803	9,311	1,416,486	-	168,265	11,964	142,620	148,369	59,387	303,784	-
Harford	9,308,593	399,087	2,457,368	6,782	894,648	-	2,594,750	3,248	802,897	88,230	370,536	207,589	640,434	841,567	1,457
Howard	4,097,423	208,402	698,747	74	394,646	69	1,161,405	-	320,004	16,964	324,868	137,287	131,063	703,561	333
Kent	1,726,291	123,323	310,710	111	129,949	-	634,620	436	123,828	6,571	114,180	62,264	75,184	145,055	60
Montgomery	26,567,603	1,953,792	4,470,123	29,257	2,168,418	6,478	10,520,693	911	1,259,288	412,208	734,249	302,982	2,446,101	2,261,935	1,168
Prince George's	42,722,890	2,111,026	10,958,208	24,929	5,330,427	8,743	9,253,137	7	2,398,912	598,438	2,612,435	1,300,188	2,365,314	5,742,623	18,503
Queen Anne's	2,127,546	143,502	473,754	675	192,843	1,806	685,799	-	134,621	8,174	80,084	12,231	129,224	264,833	-
St. Mary's	4,316,980	467,167	1,311,455	9	492,632	5,110	679,924	-	149,249	36,163	308,696	32,180	293,572	540,823	-
Somerset	3,062,867	280,639	462,136	356	217,605	-	1,282,026	-	142,541	9,462	168,531	45,030	62,617	391,712	212
Talbot	1,951,999	198,743	361,525	4,745	173,368	-	705,275	732	100,365	40,737	101,599	8,929	55,914	199,918	149
Washington	8,867,864	586,426	831,902	11,876	767,056	740	4,611,038	6,050	484,032	56,157	418,357	207,867	108,516	775,245	2,602
Wicomico	6,974,184	470,724	1,463,354	2,814	687,246	2,179	2,589,569	897	480,399	18,123	215,898	85,309	339,261	615,062	3,349
Worcester	2,904,003	341,807	426,993	103	235,671	-	938,138	9,145	130,808	9,664	227,752	100,216	143,421	340,285	-

[1]See Glossary of Terms for definitions of eligibility categories.

[2]Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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Table 5. Average Number of Enrollees by Residence of Enrollee and Eligibility Category: Fiscal Year 1981

Area of Residence	ELIGIBILITY CATEGORY[1]														
	Total	Federally Matched Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	AFDC	PANB	APTD	EP	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND 1	SA
Total State	394,466	19,607	226,246	379	33,065	134	16,943	29	5,036	7,614	12,982	4,036	26,695	41,363	337
Baltimore City	208,808	8,446	132,514	264	16,865	68	5,417	8	1,872	3,536	3,468	964	18,507	16,760	119
Total Counties	185,658	11,161	93,732	115	16,200	66	11,526	21	3,164	4,078	9,514	3,072	8,188	24,603	218
Allegany	7,099	368	2,967	12	841	2	640	3	211	54	627	233	111	1,027	3
Anne Arundel	20,609	789	11,556	5	1,636	2	963	1	296	476	834	292	907	2,842	10
Baltimore	25,701	1,258	13,609	1	2,552	6	2,141	3	536	697	795	279	1,089	2,701	34
Calvert	3,544	163	1,810	1	237	1	161	1	62	59	336	122	107	475	9
Caroline	2,518	287	1,127	-	275	1	166	1	44	50	143	38	88	298	-
Carroll	3,765	284	1,556	4	366	-	321	-	78	122	232	46	127	629	-
Cecil	5,132	203	2,539	2	325	2	248	1	79	83	438	136	117	959	-
Charles	6,155	273	3,327	4	465	2	226	2	65	118	629	206	168	667	3
Dorchester	3,790	488	1,747	4	360	3	242	-	38	84	180	51	99	483	11
Frederick	4,904	320	2,018	1	506	1	438	-	104	142	315	94	156	788	21
Garrett	2,673	214	852	3	285	7	203	-	58	43	356	163	51	438	-
Harford	8,958	351	5,262	6	656	-	396	3	137	157	424	165	307	1,086	8
Howard	2,926	188	1,178	4	300	1	230	-	87	90	224	97	77	448	2
Kent	1,418	179	546	3	116	-	112	-	32	15	103	40	42	228	2
Montgomery	20,421	1,572	8,893	22	1,522	9	1,480	1	330	633	475	151	2,465	2,853	15
Prince George's	39,658	1,703	23,267	23	3,158	14	1,515	1	538	757	1,511	458	1,659	5,003	51
Queen Anne's	1,941	174	898	1	151	1	147	-	40	40	83	10	76	320	-
St. Mary's	4,194	382	2,254	2	384	3	123	-	52	100	234	51	88	521	-
Somerset	2,593	357	942	1	256	-	236	-	49	35	229	43	36	399	10
Talbot	1,745	226	737	4	206	-	144	1	37	45	91	18	30	206	-
Washington	6,570	512	2,335	5	786	6	696	-	132	147	725	236	79	893	18
Wicomico	6,698	517	3,229	4	595	5	523	2	108	84	332	78	230	971	20
Worcester	2,646	353	1,083	3	222	-	175	1	51	47	198	65	79	368	1

[1] See Glossary of Terms for definitions of eligibility categories.

Table 6. Number of Recipients of Services by Residence of Recipient and Eligibility Category[1]: Fiscal Year 1981

Area of Residence	ELIGIBILITY CATEGORY[2]														
	Total	Federally Matched Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	AFDC	PANB	APTD	EP	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	378,390	18,029	218,599	324	28,858	120	21,663	31	5,521	6,300	17,750	5,870	32,164	22,949	212
Baltimore City	188,919	7,514	119,293	217	14,407	54	6,777	8	1,973	2,533	4,647	1,431	21,516	8,471	78
Total Counties	189,471	10,515	99,306	107	14,451	66	14,886	23	3,548	3,767	13,103	4,439	10,648	14,478	134
Allegany	7,728	354	3,471	12	789	1	775	3	224	60	891	300	160	687	1
Anne Arundel	20,823	747	12,237	3	1,502	3	1,308	1	317	454	1,127	408	1,317	1,392	7
Baltimore	26,285	1,135	14,351	-	2,117	5	2,882	3	562	596	1,116	415	1,449	1,630	24
Calvert	3,324	158	1,610	1	219	-	202	1	69	62	404	170	141	278	9
Caroline	2,815	282	1,329	-	275	1	207	-	55	54	242	65	116	189	-
Carroll	4,190	285	1,956	6	353	-	389	-	91	122	301	65	211	411	-
Cecil	5,601	209	3,087	3	330	2	326	1	96	85	633	184	178	467	-
Charles	5,977	255	3,190	4	410	2	275	2	67	102	734	239	220	475	2
Dorchester	4,255	504	2,112	4	378	5	280	-	55	88	284	77	147	317	4
Frederick	5,267	278	2,316	2	470	1	556	1	135	154	451	137	229	529	8
Garrett	2,911	205	1,101	3	260	7	258	-	61	55	435	236	75	215	-
Harford	9,347	345	5,750	6	608	-	509	2	160	150	589	231	421	568	8
Howard	3,135	181	1,326	2	266	1	289	-	87	77	308	136	99	360	3
Kent	1,603	177	650	3	125	-	128	1	41	19	172	67	64	155	1
Montgomery	20,320	1,409	9,513	21	1,295	9	1,959	3	346	552	614	242	2,979	1,371	7
Prince George's	37,211	1,429	22,415	19	2,524	15	1,995	1	611	626	2,061	736	1,903	2,846	30
Queen Anne's	2,209	177	1,138	1	153	2	183	-	46	43	131	17	109	209	-
St. Mary's	4,293	384	2,414	1	354	3	158	-	57	95	317	64	136	310	-
Somerset	3,022	376	1,150	1	247	-	302	-	65	36	341	68	71	361	4
Talbot	1,899	214	886	4	193	-	165	1	41	44	133	28	51	139	-
Washington	7,233	513	2,600	4	752	4	897	-	161	160	1,021	317	115	675	14
Wicomico	7,015	553	3,498	5	598	5	611	2	137	86	487	117	341	563	12
Worcester	3,008	345	1,206	2	233	-	232	1	64	47	311	120	116	331	-

[1]Does not include buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

[2]See Glossary of Terms for definitions of eligibility categories.

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Table 7. Payments for Services by Residence of Recipient and Type of Service: Fiscal Year 1981

Area of Residence	TYPE OF SERVICE								
	Total[1]	Hospital Inpatient	Comprehensive Care	Hospital Outpatient	Physician	Pharmacy	Dental	Home Health	Special Services
Total State	$415,157,319	$179,061,095	$125,075,043	$43,606,800	$31,160,674	$21,791,973	$6,811,754	$1,377,932	$6,272,048
Baltimore City	198,214,695	92,450,886	45,456,131	29,891,665	12,859,714	9,915,545	3,383,587	695,151	3,562,016
Total Counties	216,942,624	86,610,209	79,618,912	13,715,135	18,300,960	11,876,428	3,428,167	682,781	2,710,032
Allegany	9,528,831	2,581,727	4,814,133	555,869	687,987	573,617	152,663	85,281	77,554
Anne Arundel	21,457,831	9,367,700	6,842,346	1,293,251	1,999,490	1,170,468	424,453	31,481	328,642
Baltimore	36,616,902	12,987,845	16,184,843	2,205,009	2,283,173	1,890,805	468,442	115,644	481,141
Calvert	3,563,304	1,754,618	995,214	209,459	384,919	152,242	34,607	131	32,114
Caroline	2,645,468	1,007,187	952,005	115,526	286,210	213,591	39,353	2,591	29,005
Carroll	4,678,123	1,344,832	2,317,238	198,197	362,460	313,146	67,356	13,194	61,700
Cecil	4,732,610	2,056,876	1,281,435	353,101	525,195	354,478	86,567	14,892	60,066
Charles	5,575,910	2,687,172	1,298,448	485,609	627,572	296,621	120,284	1,087	59,117
Dorchester	4,189,387	1,723,667	1,335,085	267,293	468,474	283,782	61,042	4,078	45,966
Frederick	6,045,454	1,843,793	2,933,690	212,592	523,604	370,322	68,624	22,425	70,404
Garrett	3,280,561	792,503	1,772,429	162,320	242,212	213,820	52,853	15,756	28,668
Harford	9,308,593	3,834,726	2,874,310	629,106	973,313	594,593	208,875	68,740	124,930
Howard	4,097,423	1,877,044	1,275,773	207,205	384,030	212,987	53,664	25,722	60,998
Kent	1,726,291	652,687	649,363	88,593	171,636	131,512	15,973	1,859	14,668
Montgomery	26,567,603	9,571,546	11,140,855	1,479,642	2,215,343	1,256,859	481,696	85,801	335,861
Prince George's	42,722,890	22,505,614	10,070,884	3,543,368	3,584,143	1,815,145	539,678	147,325	516,733
Queen Anne's	2,127,546	829,081	735,769	117,877	229,676	155,590	31,549	-	28,004
St. Mary's	4,316,980	2,410,444	884,213	248,662	396,875	215,733	108,758	5,746	46,549
Somerset	3,062,867	958,901	1,343,764	173,312	273,065	225,498	43,212	1,591	43,524
Talbot	1,951,999	544,484	918,055	112,671	193,609	138,159	27,102	679	17,240
Washington	8,867,864	2,021,419	5,037,826	312,700	629,729	607,451	129,752	21,621	107,366
Wicomico	6,974,184	2,256,502	2,792,548	596,210	567,037	486,946	157,848	15,920	101,173
Worcester	2,904,003	999,841	1,168,686	147,563	291,208	203,063	53,816	1,217	38,609

[1] Does not include premiums for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

Table 8. Number of Recipients of Services by Residence of Recipient and Type of Service: Fiscal Year 1981

Area of Residence	One or More Types of Service[1]	TYPE OF SERVICE							
		Hospital Inpatient	Comprehensive Care	Hospital Outpatient	Physician	Pharmacy	Dental	Home Health	Special Services
Total State	378,390	67,150	16,500	218,125	283,075	263,872	90,823	2,594	114,860
Baltimore City	188,919	31,386	5,484	129,039	134,200	131,368	46,530	1,461	62,667
Total Counties	189,471	35,764	11,016	89,086	148,875	132,504	44,293	1,133	52,193
Allegany	7,728	1,695	647	4,862	5,720	5,824	2,016	101	1,368
Anne Arundel	20,823	3,652	979	8,768	16,905	15,007	5,248	84	6,519
Baltimore	26,285	4,494	2,310	12,651	20,063	18,731	6,320	173	8,595
Calvert	3,324	721	134	1,452	2,636	2,307	609	2	627
Caroline	2,815	577	145	1,164	2,378	2,158	584	13	532
Carroll	4,190	679	314	1,541	3,491	3,063	946	20	1,172
Cecil	5,601	1,151	171	3,056	4,780	4,190	1,340	29	1,158
Charles	5,977	1,132	146	3,127	4,662	4,048	1,465	3	1,372
Dorchester	4,255	1,035	183	2,317	3,601	3,264	967	14	945
Frederick	5,267	1,040	377	2,016	4,414	3,690	1,049	37	1,568
Garrett	2,911	569	231	1,596	2,253	2,180	754	21	470
Harford	9,347	1,744	376	4,536	7,669	6,947	2,656	80	2,274
Howard	3,135	647	177	1,213	2,543	2,150	699	45	1,024
Kent	1,603	374	84	829	1,366	1,221	345	8	316
Montgomery	20,320	3,456	1,531	8,219	16,463	13,232	4,447	130	6,269
Prince George's	37,211	7,427	1,388	17,748	27,264	24,044	7,970	264	10,705
Queen Anne's	2,209	502	106	922	1,880	1,659	520	-	481
St. Mary's	4,293	791	99	1,981	3,294	2,911	1,235	15	953
Somerset	3,022	616	180	1,330	2,537	2,230	621	4	879
Talbot	1,899	385	116	908	1,518	1,425	406	2	343
Washington	7,233	1,292	712	3,602	6,009	5,020	1,533	48	1,987
Wicomico	7,015	1,185	435	4,240	4,927	4,992	1,924	32	1,842
Worcester	3,008	600	175	1,008	2,502	2,211	639	8	794

[1] Does not include buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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Table 9. Number of Services by Residence of Recipient: Fiscal Year 1981

Area of Residence	UNITS OF SERVICE								
	Hospital Discharges	Hospital Days	Comprehensive Care Days	Outpatient Department Visits*	Emergency Room Visits*	Physician Home & Office Visits	Home Health Visits	Prescriptions	Dental Services
Total State	73,515	640,090	4,527,264	502,112	196,149	676,346	48,638	2,578,293	644,633
Baltimore City	35,353	311,218	1,527,641	437,310	96,656	268,677	25,354	1,146,920	298,919
Total Counties	38,162	328,872	2,999,623	64,802	99,493	407,669	23,284	1,431,473	345,714
Allegany	1,832	14,068	178,858	119	11,235	11,995	3,077	74,171	15,315
Anne Arundel	3,862	33,259	259,025	5,914	12,369	47,837	1,272	142,068	39,856
Baltimore	4,984	50,395	625,153	23,948	9,177	48,744	4,348	218,404	47,008
Calvert	830	7,571	34,855	481	1,229	8,058	4	19,030	3,590
Caroline	568	3,773	37,379	123	966	7,450	92	26,913	4,043
Carroll	617	4,897	88,651	543	1,175	9,724	452	36,648	7,435
Cecil	1,262	8,473	50,701	320	3,095	14,325	486	42,578	9,503
Charles	1,226	9,539	43,576	631	4,222	13,074	31	34,177	12,213
Dorchester	1,002	8,233	51,297	236	2,199	11,321	147	42,571	6,465
Frederick	1,089	8,957	108,569	330	2,122	11,750	678	44,534	7,305
Garrett	590	3,691	64,195	77	1,905	5,822	492	27,067	4,992
Harford	1,982	15,099	100,882	2,339	4,502	25,786	2,671	72,088	22,931
Howard	747	6,548	46,645	680	1,279	7,238	879	22,661	4,982
Kent	371	2,757	24,550	107	575	3,741	85	16,119	1,753
Montgomery	3,638	34,200	413,868	6,521	9,333	46,639	2,384	152,230	44,725
Prince George's	8,431	78,638	376,567	17,177	20,461	81,971	4,687	214,540	61,159
Queen Anne's	484	3,400	28,804	177	747	6,070	-	19,091	3,139
St. Mary's	853	7,696	29,057	361	2,062	9,006	199	24,770	9,820
Somerset	507	4,007	47,175	404	773	5,428	43	27,695	4,499
Talbot	430	2,951	31,573	216	1,040	4,603	23	17,019	2,537
Washington	1,153	8,289	202,251	222	4,358	11,344	745	74,755	12,234
Wicomico	1,155	8,162	113,122	3,566	4,051	9,487	442	57,582	15,267
Worcester	549	4,269	42,870	310	618	6,256	47	24,762	4,943

*Due to reporting methods used by Johns Hopkins Hospital (JHH), all emergency room visits made to JHH are included in a combined total of 113,043 reported as outpatient department visits.

Table 10. Average Number of Enrollees and Average Payment Per Enrollee for Services by Age, Race and Sex: Fiscal Year 1981

Age of Enrollees	Total Enrollees		WHITE				NONWHITE			
			Male		Female		Male		Female	
	Number of Enrollees	Average Payment[1]	Number of Enrollees	Average Payment	Number of Enrollees	Average Payment	Number of Enrollees	Average Payment	Number of Enrollees	Average Payment
All Ages	394,466	$1,052	57,259	$1,244	93,807	$1,649	93,047	$ 749	150,353	$ 793
Under 6	64,692	563	10,878	581	10,743	577	21,351	589	21,720	515
6 - 20	134,513	331	21,302	351	23,702	452	41,808	225	47,701	345
21 - 44	108,873	1,016	12,264	1,496	28,148	1,007	15,715	1,205	52,746	845
45 - 64	42,602	1,882	6,368	2,385	11,902	2,052	8,541	1,938	15,791	1,510
65 & Over	43,786	3,276	6,447	3,705	19,312	4,402	5,632	2,176	12,395	1,875

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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Table 11. Payments for Services by Age, Race and Sex[1]: Fiscal Year 1981

Age of Recipient	All Recipients[2]	White		Nonwhite	
		Male	Female	Male	Female
All Ages	$415,157,319	$71,209,489	$154,695,675	$69,729,498	$119,298,754
Under 6	36,439,371	6,322,582	6,194,066	12,571,738	11,186,516
6-20	44,476,912	7,466,763	10,713,585	9,415,641	16,469,708
21-44	110,647,236	18,350,825	28,357,358	18,938,903	44,567,027
45-64	80,164,230	15,185,051	24,421,069	16,548,371	23,839,436
65 & Over	143,429,570	23,884,268	85,009,597	12,254,845	23,236,067

[1]Does not include preimums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments for local health departments for screening under the early and periodic screening, diagnosis and treatment Program; or payments for general transportation services.

[2]Includes a net payment of $223,903 for persons of unknown race and sex.

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Table 12. Number of Recipients of Services[1] by Age, Race and Sex: Fiscal Year 1981

Age of Recipient	All Recipients[2]	White		Nonwhite	
		Male	Female	Male	Female
All Ages	378,390	59,634	101,722	78,817	135,125
Under 6	59,689	11,195	11,153	18,230	18,788
6-20	115,804	20,665	24,456	30,906	38,626
21-44	112,028	13,411	31,937	15,599	50,023
45-64	45,205	7,297	13,106	8,709	15,770
65 & Over	45,664	7,066	21,070	5,373	11,918

[1]Does not include buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

[2]Includes 3,092 persons of unknown race and sex.

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Table 13. Average Payment Per Recipient of Services by Age, Race and Sex[1]: Fiscal Year 1981

Age of Recipient	All Recipients	White		Nonwhite	
		Male	Female	Male	Female
All Ages	$1,097	$1,194	$1,521	$ 885	$ 883
Under 6	610	565	555	690	595
6-20	384	361	438	305	426
21-44	988	1,368	888	1,214	891
45-64	1,773	2,081	1,863	1,900	1,512
65 & Over	3,141	3,380	4,035	2,281	1,950

[1]Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screening under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

Table 14. Payments by Type of Service and Age: Fiscal Year 1981

Type of Service	Total All Ages	Age				
		Under 6	6-20	21-44	45-64	65 & Over
Total - All Services[1]	$415,157,319	$36,439,371	$44,476,912	$110,647,236	$80,164,230	$143,429,570
Hospital Inpatient	179,061,095	25,382,322	22,964,121	68,979,645	45,733,383	16,001,624
Comprehensive Care	125,075,043	-	92,874	2,109,036	11,078,807	111,794,326
Hospital Outpatient	43,606,800	5,956,308	9,284,801	18,183,838	8,207,768	1,974,085
Physician	31,160,674	3,572,467	5,500,212	11,944,509	6,510,994	3,632,492
Pharmacy	21,791,973	953,809	1,777,111	5,267,773	5,716,023	8,077,257
Dental	6,811,754	352,919	3,726,105	1,954,954	587,625	190,151
Home Health	1,377,932	40,266	29,849	307,780	586,414	413,623
Special Services	6,272,048	181,280	1,101,839	1,899,701	1,743,216	1,346,012

[1]Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments for local health departments for screening under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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Table 15. Number of Recipients of Services by Type of Service and Age: Fiscal Year 1981

Type of Service	Total All Ages	Age				
		Under 6	6-20	21-44	45-64	65 & Over
One or More Types of Service[1]	378,390	59,689	115,804	112,028	45,205	45,664
Hospital Inpatient	67,150	7,757	10,831	24,963	10,994	12,605
Comprehensive Care	16,500	-	7	230	1,365	14,898
Hospital Outpatient	218,125	38,646	63,010	70,061	27,058	19,350
Physician	283,075	44,662	79,939	88,197	36,525	33,752
Pharmacy	263,872	40,693	65,897	82,592	36,705	37,985
Dental	90,823	6,536	48,772	26,372	6,223	2,920
Home Health	2,594	180	97	491	1,104	722
Special Services	114,860	6,144	30,049	38,617	19,153	20,897

[1]Does not include buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

Table 16. Average Payment Per Recipient of Services by Type of Service and Age: Fiscal Year 1981

Type of Service	Total All Ages	Age				
		Under 6	6-20	21-44	45-64	65 & Over
Total - All Services[1]	$1,097	$ 610	$ 384	$ 988	$1,773	$3,141
Hospital Inpatient	2,667	3,272	2,120	2,763	4,160	1,269
Comprehensive Care	7,580	-	13,268	9,170	8,116	7,504
Hospital Outpatient	200	154	147	260	303	102
Physician	110	80	69	135	178	108
Pharmacy	83	23	27	64	156	213
Dental	75	54	76	74	94	65
Home Health	531	224	308	627	531	573
Special Services	55	30	37	49	91	64

[1]Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments for local health departments for screening under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

Table 17. Days of Care and Payment by Hospital:
Hospital Inpatient Program: Fiscal Year 1981

LOCATION AND NAME OF HOSPITAL	NUMBER OF DISCHARGES	DAYS CARE	PAYMENTS	AVERAGE PER DIEM INTERIM PAYMENT
ENERAL HOSPITALS[1]				
In Baltimore City				
Baltimore City Hospitals - General	2,642	23,779	$ 7,513,020	$315.95
Bons Secours	1,724	15,374	3,662,527	238.23
Church Hospital	1,295	11,335	3,126,886	275.86
Good Samaritan - Acute	259	3,135	645,670	205.96
Johns Hopkins	8,598	68,551	23,922,805	348.98
Johns Hopkins - Oncology Center	104	1,198	972,492	811.76
Lutheran	1,159	10,868	2,862,371	263.38
Maryland General	2,158	17,191	5,180,961	301.38
Mercy	1,851	12,633	4,241,190	335.72
North Charles General	560	6,511	1,676,176	257.44
Provident	2,356	21,420	6,209,106	289.87
St. Agnes	1,836	12,768	3,320,528	260.07
Sinai	2,627	20,893	6,390,117	305.85
South Baltimore General	2,268	15,200	3,849,028	253.23
Union Memorial	2,089	15,233	4,770,374	313.16
U. S. Public Health Service	310	2,619	511,801	195.42
University of Maryland	5,800	52,436	23,976,059	457.24
TOTAL	37,636	311,144	$102,831,111	$330.49
In Counties				
Anne Arundel General	871	6,496	$ 1,239,006	$190.73
Baltimore County General	354	3,756	847,443	225.62
Calvert Memorial	752	5,301	957,174	180.56
Carroll County General	253	1,363	225,451	165.41
Clinton Community	358	1,678	356,865	212.67
Doctor's Hospital of Pr. Geo. County	351	3,535	894,900	253.15
Dorchester General (Cambridge)	824	6,432	1,052,379	163.62
Edward McCready Memorial	213	1,465	306,745	209.38
Eugene Leland Memorial	492	5,233	1,102,648	210.71
Fallston General	486	4,881	1,105,496	226.49
Franklin Square	1,473	10,426	2,997,391	287.49
Frederick Memorial	788	5,735	916,160	159.75
Frostburg Community (Miner's)	141	864	137,357	158.98
Garrett County Memorial	394	1,952	400,550	205.20
Greater Baltimore Medical Center	981	6,223	1,718,230	276.11
Greater Laurel Beltsville	468	4,131	986,485	238.80
Harford Memorial	1,173	6,543	1,225,299	187.27
Holy Cross	774	6,024	1,447,904	240.36
Howard County General	542	3,830	1,140,362	297.74
Kent & Queen Anne's General	472	2,921	591,976	202.66
Memorial (Cumberland)	724	6,161	1,062,012	172.38
Memorial Hospital at Easton	1,221	7,056	1,377,164	195.18
Montgomery General	930	7,973	1,754,847	220.10
North Arundel	747	6,066	1,101,109	181.52

Table 17. Hospital Inpatient Program: Fiscal Year 1981 (Cont'd)

LOCATION AND NAME OF HOSPITAL	NUMBER OF DISCHARGES	DAYS CARE	PAYMENTS	AVERAGE P DIEM INTE PAYMEN
In Counties (Cont'd)				
Peninsula General	1,793	12,031	$ 2,685,448	$223.21
Physicians Memorial	633	4,041	986,415	244.10
Prince George's General	3,465	28,300	8,115,272	286.76
Sacred Heart	975	6,389	1,005,084	157.31
St. Joseph's	724	5,390	1,339,896	248.59
St. Mary's	550	3,741	683,615	182.74
Shady Grove Adventist	392	2,644	708,961	268.14
Southern Maryland	1,103	10,478	2,550,992	243.46
Suburban	353	4,039	860,496	213.05
Union of Cecil	843	4,629	975,775	210.80
Washington County	1,053	6,973	1,367,806	196.16
Washington Adventist	880	8,189	2,036,882	248.73
TOTAL	28,546	212,889	$ 48,261,595	$226.70
In Washington, D.C.				
Capitol Hill	9	72	$ 18,414	$255.75
Children's Hospital	762	7,895	4,905,757	621.38
Columbia	108	756	326,297	431.61
D. C. General	10	111	48,367	435.74
George Washington	121	1,875	597,852	318.85
Georgetown University	190	1,963	1,008,096	513.55
Greater Southeast Community	839	7,519	2,399,239	319.09
Hadley Memorial	58	656	163,620	249.42
Hospital for Sick Children	59	1,806	232,995	129.01
Howard University	87	773	289,767	374.86
Providence	268	3,197	764,642	239.17
Sibley Memorial	61	516	118,300	229.26
Washington Hospital Center	430	4,994	2,721,766	545.01
TOTAL	3,002	32,133	$ 13,595,112	$423.09
OTHER OUT-OF-STATE - TOTAL	728	7,350	$ 1,639,406	$223.05
TOTAL ALL GENERAL HOSPITALS	69,912	563,516	$166,327,224	$295.16
CHRONIC HOSPITALS				
Baltimore City - Chronic	549	15,177	$ 1,128,351	$ 74.35
Good Samaritan Hospital Special	40	587	159,403	271.56
John Deaton	819	19,806	1,593,709	80.47
Keswick	43	1,256	57,189	45.53
Levindale	397	8,082	751,006	92.92
Prince George's Hospital ECF	230	5,621	484,542	86.20
TOTAL	2,078	50,529	$ 4,174,200	$ 82.61
CHILDREN'S FACILITIES				
Children's Hospital	278	2,435	$ 426,531	$175.17
John F. Kennedy Institute	236	5,255	1,583,637	301.36
James Kernan	231	2,260	527,658	233.48
Mt. Washington Pediatric Hospital	643	14,860	2,618,601	176.22
TOTAL	1,388	24,810	$ 5,156,427	$207.84

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Table 17. Hospital Inpatient Program: Fiscal Year 1981 (Cont'd)

LOCATION AND NAME OF HOSPITAL	NUMBER OF DISCHARGES	DAYS CARE	PAYMENTS	AVERAGE PER DIEM INTERIM PAYMENT
SPECIAL PAYMENTS				
Kidney Disease Program	137	1,235	$ 462,741	$374.69
LESS DIRECT, THIRD PARTY RECOVERIES	-	-	$ 2,003,042	$ -
GRAND TOTAL	73,515	640,090	$174,117,550	$272.02
Medicare - Inpatient Deductibles, Coinsurance, etc.			+$ 4,943,545	
			179,061,095	

[1]Includes payments for Crippled Children's Services.

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Table 18. Comprehensive Care Program: Fiscal Year 1981

LOCATION AND NAME OF FACILITY	DAYS CARE	PAYMENTS
Hospital Based Facilities		
Prince George's County		
Prince George's Nursing Center	24,231	$ 1,152,8
Talbot County		
Memorial Hospital Easton Nursing Facility	1,835	130,5
Baltimore City		
Baltimore City Nursing Facility	44,263	2,138,4
John L. Deaton Nursing Home	42,857	2,695,9
Keswick	27,860	1,168,8
Levindale Home	85,507	4,569,7
TOTAL - 6 HOSPITAL BASED FACILITIES	226,553	$ 11,856,3
Free Standing Facilities		
Allegany County		
Allegany County Nursing Home	40,922	$ 1,190,2
Cumberland Nursing & Convalescent Center	5,962	84,9
Cumberland Villa Nursing Center	12,205	283,5
Egle Nursing Home	7,083	182,2
Frostburg Villa Nursing Home of Allegany County	50,669	1,397,3
Lions Manor Nursing Home	24,561	723,4
TOTAL ALLEGANY COUNTY - 6 HOMES	141,402	$ 3,861,8
Anne Arundel County		
Annapolis Convalescent Center	9,245	$ 232,1
Bay Manor Nursing Home	25,979	753,4
Crofton Convalescent Center	21,287	609,0
Fairfield Nursing Center	33,522	844,8
Hammonds Lane Nursing Center	17,753	428,3
Knollwood Manor	31,614	920,7
Maryland Manor of Glen Burnie	32,118	820,6
North Arundel Nursing & Convalescent Center	19,387	474,5
Plaza Manor Convalescent Home	39,855	993,7
TOTAL ANNE ARUNDEL COUNTY - 9 HOMES	230,760	$ 6,077,4
Baltimore County		
Armacost Nursing Home	10,419	$ 291,9
Augsburg Lutheran Home	19,081	541,1
Bent Nursing Home	18,204	514,4
Chapel Hill Convalescent Home	13,600	357,3
Dulaney Towson Nursing Home	17,102	404,7
Forest Haven Nursing Home	55,475	1,125,7
Frederick Villa Nursing Center	23,721	544,8
Garrison Valley Center	26,812	645,6
Holly Hill Manor	628	18,1
House in the Pines	32,046	763,3
Hurwitz House	8,099	206,4

Table 18. Comprehensive Care Program: Fiscal Year 1981 (Continued)

LOCATION AND NAME OF FACILITY	DAYS CARE	PAYMENTS
Baltimore County (Continued)		
Inglenook Nursing Home	7.925	237,643
Ivy Hall Nursing & Convalescent Home	5,718	142,800
Jewish Convalescent & Nursing Home	17,532	609,591
Little Sisters of the Poor	35,172	765,242
Manor Care - Rossville	39,785	865,846
Manor Care - Ruxton	33,668	853,189
Manor Care - Towson	9,556	246,655
Milford Manor Nursing Home	8,238	221,531
Old Court Nursing Center	44,930	1,238,315
Perring Parkway Nursing Home	16,182	370,818
Pickersgill	20,268	503,462
Pikesville Convalescent Home	31,671	901,699
Randallstown Nursing Home	57,900	1,386,480
Ridgeway Manor	16,158	503,204
Riverview Nursing Center	82,564	2,285,863
St. Joseph Nursing Home	8,502	239,932
Shady Nook Home	9,443	245,877
Shangri-La Nursing Home	15,969	341,790
Stella Maris Hospice	76,235	2,159,522
Summit Nursing Home	9,904	236,943
Valley Nursing & Convalescent Center	14,821	503,565
Valley View Nursing Home	30,105	775,595
TOTAL BALTIMORE COUNTY - 33 HOMES	817,483	$ 21,049,417
Calvert County		
Calvert County Nursing Center	18,864	$ 580,996
Calvert House	11,824	299,670
TOTAL CALVERT COUNTY - 2 HOMES	30,688	$ 880,666
Caroline County		
Caroline Nursing Home	13,803	$ 348,566
TOTAL CAROLINE COUNTY - 1 HOME	13,803	$ 348,566
Carroll County		
Golden Age Guest Home	6,442	$ 168,778
Long View Nursing Home	8,321	224,303
Pleasant View Nursing Home	37,137	1,191,700
Sykesville Eldercare Center	19,854	515,157
Westminster Nursing & Convalescent Home	26,102	569,233
TOTAL CARROLL COUNTY - 5 HOMES	97,856	$ 2,669,171
Cecil County		
Calvert Manor Nursing Home	9,103	$ 210,890
Devine Haven Convalescent Home	9,037	182,412
Laurelwood Nursing Home	31,207	864,709
TOTAL CECIL COUNTY - 3 HOMES	49,347	$ 1,258,011
Charles County		
Charles County Nursing Home	25,798	$ 788,540
TOTAL CHARLES COUNTY - 1 HOME	25,798	$ 788,540

Table 18. Comprehensive Care Program: Fiscal Year 1981 (Continued)

LOCATION AND NAME OF FACILITY	DAYS CARE	PAYMENTS
Dorchester County		
Cambridge House	46,270	$ 1,273,99
Glasgow Nursing Home	8,285	211,48
TOTAL DORCHESTER COUNTY - 2 HOMES	54,555	$ 1,485,47
Frederick County		
Citizens Nursing Home of Frederick County	41,242	$ 1,233,62
Frederick Nursing & Convalescent Center	16,356	389,63
Homewood Retirement Center	3,926	120,10
Vindobona Nursing Home	10,384	225,67
TOTAL FREDERICK COUNTY - 4 HOMES	71,908	$ 1,969,03
Garrett County		
Cuppett & Weeks Nursing Home	49,297	$ 1,396,48
Dennett Road Manor	29,527	857,46
Goodwill Mennonite Home	19,006	488,22
TOTAL GARRETT COUNTY - 3 HOMES	97,830	$ 2,742,17
Harford County		
Belair Convalescent Center	19,461	$ 492,63
Brevin Nursing Home	13,982	420,76
Citizens Nursing Home	54,719	1,613,01
TOTAL HARFORD COUNTY - 3 HOMES	88,162	$ 2,526,41
Howard County		
Lorien Nursing & Convalescent Home	15,708	$ 460,56
TOTAL HOWARD COUNTY - 1 HOME	15,708	$ 460,56
Kent County		
Magnolia Hall	4,586	$ 141,87
TOTAL KENT COUNTY - 1 HOME	4,586	$ 141,87
Montgomery County		
Bel Pre Health Care Center	14,414	$ 365,42
Bethesda Health Center	57,396	1,642,16
Brooke Grove Nursing Home	9,718	215,35
Chevy Chase Nursing & Convalescent Home	7,748	202,47
Circle Manor Nursing Home	26,510	730,22
Collingswood Nursing Center	16,931	404,10
Colonial Villa Nursing Home	5,501	122,69
Fairland Nursing Home	8,736	251,01
Friends House Nursing Home	4,080	109,32
Hebrew Home of Greater Washington.	64,796	1,908,42
Herman M. Wilson Health Care Center	48,521	1,396,05
Kensington Gardens	40,089	954,26
Manor Care - Wheaton	80	55
National Lutheran Home for the Aged	29,552	838,85
Potomac Valley Nursing Home	19,023	485,00
Randolph Hills Nursing Home	11,078	275,55
Rockville Nursing Home	10,747	308,42
Sharon Nursing Home	5,810	158,38
Sligo Gardens	13,576	373,60
Sylvan Manor Health Care Center	9,832	285,43

Table 18. Comprehensive Care Program: Fiscal Year 1981 (Continued)

LOCATION AND NAME OF FACILITY	DAYS CARE	PAYMENTS
Montgomery County (Continued)		
University Nursing Home	26,590	722,381
TOTAL MONTGOMERY COUNTY - 21 HOMES	430,728	$ 11,749,718
Prince George's County		
American Medical Nursing Center - Greenbelt	31,983	$ 796,400
Carroll Manor	23,436	540,809
Clinton Convalescent Center	75,695	2,058,309
Hillhaven Nursing Home	936	16,279
Madison Manor Nursing & Convalescent Home	9,595	295,947
Magnolia Gardens Nursing Home	20,773	458,506
Manor Care - Adelphi	62,948	1,726,399
Manor Care - Hyattsville	31,919	785,047
Manor Care of Largo	15,259	428,543
Regency Nursing Center	10,996	230,148
Sacred Heart Home	12,019	260,816
Suitland Nursing Home	10,121	257,084
TOTAL PRINCE GEORGE'S COUNTY - 12 HOMES	305,680	$ 7,854,287
Queen Anne's County		
Corsica Hills Nursing Home	33,284	$ 835,872
TOTAL QUEEN ANNE'S COUNTY - 1 HOME	33,284	$ 835,872
St. Mary's County		
St. Mary's Nursing Home	15,950	$ 506,398
TOTAL ST. MARY'S COUNTY - 1 HOME	15,950	$ 506,398
Somerset County		
Alice Byrd Tawes Nursing Home	21,932	$ 684,892
TOTAL SOMERSET COUNTY - 1 HOME	21,932	$ 684,892
Talbot County		
House in the Pines - Easton	18,967	$ 466,058
Easton Memorial	830	19,074
TOTAL TALBOT COUNTY - 2 HOMES	19,797	$ 485,132
Washington County		
Avalon Manor	52,238	$ 1,332,582
Coffman Home for the Aging	19,910	542,805
Colton Villa Nursing Center	41,617	886,559
Fahrney Keedy Memorial Home for the Aged	15,235	347,376
Garlock Memorial Convalescent Center	12,701	343,676
Homewood Retirement Center	14,965	346,325
Ravenwood Lutheran Village Nursing Home	15,461	407,620
Reeder Memorial Home	45,315	1,296,531
Williamsport Nursing Home	26,629	657,332
TOTAL WASHINGTON COUNTY - 9 HOMES	244,071	$ 6,160,806
Wicomico County		
Riverwalk Manor	48,230	$ 1,381,528
Salisbury Nursing Home	68,823	1,422,843
Wicomico Nursing Home	19,512	542,094
TOTAL WICOMICO COUNTY - 3 HOMES	136,565	$ 3,346,465

Table 18. Comprehensive Care Program: Fiscal Year 1981 (Continued)

LOCATION AND NAME OF FACILITY	DAYS CARE	PAYMENTS
Worcester County		
Berlin Nursing Home	24,342	$ 689,67
Harrison House	9,999	281,04
Hartley Hall	13,002	400,59
TOTAL WORCESTER COUNTY - 3 HOMES	47,343	$ 1,371,31
Baltimore City		
Ardleigh Nursing Home	10,958	$ 297,93
Asburton Nursing Home	13,250	383,73
Baltimore City Hospital	5,604	61,55
Belair Convalesarium	68,387	1,910,04
Caton Manor Nursing Center	56,764	1,329,94
Century Home	29,251	928,33
Crawford Retreat	7,492	204,70
Dukeland Nursing Home	36,216	947,16
Edgewood Nursing Home	22,103	515,00
Federal Hill Nursing Center	113,218	3,526,93
Friedlers Guest House	11,223	324,46
Garrison Nursing Home	7,598	221,33
Granada Nursing Home	40,241	1,066,29
Greater Pennsylvania Avenue Nursing Center	44,301	1,408,51
Greenwood Acres Nursing Home	8,302	289,03
Hamilton Nursing Center	20,434	502,80
Harford Gardens Convalescent Center	19,720	552,14
Haven Nursing Home	7,456	216,37
Hayes Care Home	3,847	99,29
House in the Pines - Bel Aire	27,861	651,36
House in the Pines - Belvedere	55,320	1,411,16
Jenkins Memorial	34,030	940,00
Jewish Convalescent & Nursing Home	28,428	799,05
Kenesaw Nursing Home	9,789	257,54
Kenson Nursing Home	13,677	379,79
Key Circle	42,478	1,110,86
Lafayette Square Nursing Center	95,780	2,859,24
Lake Drive Nursing Home	18,227	557,17
Lincoln Convalescent Center	81,768	2,645,65
Long Green Nursing Center	4,642	79,86
Maryland Baptist Aged Home	12,399	402,14
Melchor Nursing Home	17,305	509,87
Midtown Home	49,787	1,318,62
Mt. Sinai Nursing Home	21,216	621,10
Park Hill Nursing Home	7,245	276,94
Park Hill Convalescent	10,582	274,74
Pleasant Manor Nursing Home	43,557	1,055,95
Poplar Manor Nursing Home	54,309	1,615,47
Seton Hill Manor	102,633	2,498,84
TOTAL BALTIMORE CITY - 39 HOMES	1,257,398	$ 35,051,08
TOTAL OUT OF STATE - 10 HOMES	48,077	$ 1,212,02

MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 18. Comprehensive Care Program: Fiscal Year 1981 (Continued)

LOCATION AND NAME OF FACILITY	DAYS CARE	PAYMENTS
TOTAL FREE STANDING FACILITIES - 176	4,300,711	$115,517,165
GRAND TOTAL - 182 FACILITIES	4,527,264	$127,373,547
Less Direct, Third Party Recoveries	-	$ 789,989
Less Advanced Payments	-	$ 1,508,515
NET TOTAL	4,527,264	$125,075,043

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 19. Number of Visits and Payments by Type of Service, by Hospital: Hospital Outpatient Program: Fiscal Year 1981

Location and Name of Hospital	Number of Visits			AMOUNT PAID					
					For Visits				
	Total	Outpatient Clinic	Emergency Room	Grand Total	Total	Outpatient Clinic	Emergency Room	Ancillary Services	Medicare Ded. & Coins.
Grand Total - All Hospitals	698,261	389,069*	196,149*	$43,606,800	$20,857,382	$8,813,243*	$7,244,494*	$20,609,878	$2,139,540
General Hospitals in Balto. City	526,519	314,325*	99,151*	29,748,098	15,498,542	6,849,205*	3,849,692*	13,232,239	1,017,316
Baltimore City Hospital	41,843	34,991	6,852	1,978,376	957,180	729,439	227,741	965,541	55,655
Bon Secours	12,174	11,048	1,126	1,150,226	268,403	153,829	114,574	820,481	61,341
Church Hospital	13,258	7,055	6,203	932,087	466,351	142,019	324,332	422,218	43,518
Good Samaritan	1,433	1,420	13	99,050	31,694	31,197	497	61,156	6,200
Johns Hopkins	113,043	N.A.	N.A.	8,424,757	4,799,645	N.A.	N.A.	3,392,252	232,860
Comprehensive Child Care	33,672	33,672	-	1,010,160	1,010,160	1,010,160	-	-	-
Oncology Center	-	-	-	10,950	-	-	-	-	10,950
Lutheran	9,559	5,736	3,823	495,287	310,089	106,291	203,798	152,380	32,818
Maryland General	15,738	9,272	6,466	1,320,041	493,790	147,138	346,652	759,352	66,899
Mercy	32,307	26,137	6,170	1,380,966	690,566	461,652	228,914	615,975	74,425
North Charles General	11,972	11,972	-	553,298	378,128	378,128	-	141,173	33,997
Provident	12,651	2,800	9,851	1,617,527	469,872	67,770	402,102	1,098,637	49,018
Provident-Druid Child & Youth Development Center	8,649	8,649	-	258,840	258,840	258,840	-	-	-
St. Agnes	23,940	9,069	14,871	1,401,268	659,512	267,992	391,520	706,303	35,453
Sinai	42,570	28,069	14,501	1,959,560	816,165	421,075	395,090	1,048,239	95,156
South Baltimore	22,132	11,333	10,799	1,059,657	468,814	158,286	310,528	568,361	22,483
Union Memorial	23,788	15,811	7,977	1,699,128	799,631	366,940	432,691	839,495	60,001
University	96,149	85,650	10,499	4,039,910	2,262,692	1,791,439	471,253	1,640,676	136,542
Community Ped. Center	10,867	10,867	-	326,010	326,010	326,010	-	-	-
U.S. Public Health	774	774	-	31,000	31,000	31,000	-	-	-
General Hospitals in Counties	150,506	59,999	90,507	10,768,814	4,685,428	1,655,414	3,030,015	5,473,056	610,330
Anne Arundel	6,153	-	6,153	335,611	189,476	(4,609)	194,085	130,816	15,319
Baltimore County General	1,464	1	1,463	125,424	53,517	(184)	53,701	59,697	12,210
Calvert Memorial	1,704	330	1,374	182,297	68,117	6,231	61,885	103,028	11,152
Carroll County General	1,080	1	1,079	116,374	50,919	131	50,789	57,405	8,050
Clinton Community	1,532	1,012	520	50,437	18,271	11,675	6,596	30,354	1,812
Doctor's Hospital of Pr. Geo. Co.	1,493	2	1,491	92,806	53,865	89	53,776	36,279	2,662

* Incomplete, no breakdown for Johns Hopkins
( ) Credit balance
N.A. Not available

Table 19. Hospital Outpatient Program, Fiscal Year 1981 (Continued)

	Number of Visits			AMOUNT PAID					
					For Visits				
	Total	Outpatient Clinic	Emergency Room	Grand Total	Total	Outpatient Clinic	Emergency Room	Ancillary Services	Medicare Ded. & Coins.
General Hospitals in Counties (Cont'd)									
Dorchester General (Cambridge)	2,025	56	1,969	208,840	87,666	558	87,108	86,333	34,841
Edward McCready Memorial	526	213	313	92,131	18,055	3,751	14,304	56,821	17,255
Eugene Leland Memorial	1,708	-	1,708	228,531	72,531	-	72,531	146,199	9,801
Fallston General	2,228	608	1,620	192,322	71,669	11,068	60,602	113,086	7,566
Franklin Square	12,170	9,202	2,968	781,875	338,692	214,010	124,682	410,771	32,412
Frederick Memorial	1,996	-	1,996	146,275	68,196	(445)	68,641	69,032	9,047
Frostburg Community	1,012	-	1,012	73,469	33,278	-	33,278	28,129	12,062
Garrett County Memorial	1,668	34	1,634	126,793	52,276	842	51,434	58,277	16,240
Greater Laurel	1,329	-	1,329	124,987	34,963	-	34,963	86,504	3,520
Greater Baltimore Medical Center**	26,496	24,600	1,896	1,230,875	790,515	730,079	60,437	407,363	32,997
Harford Memorial	3,319	-	3,319	317,773	147,962	-	147,962	148,605	21,206
Holy Cross	4,105	1,561	2,544	409,195	192,495	102,868	89,628	196,158	20,542
Howard County General	1,056	41	1,015	134,460	53,642	810	52,831	73,574	7,245
Kent & Queen Anne's General	982	47	935	112,989	42,502	2,634	39,867	56,016	14,471
Memorial (Cumberland)	7,802	24	7,778	300,271	145,113	755	144,357	130,081	25,077
Memorial Hospital at Easton	2,708	213	2,495	254,946	99,058	3,243	95,815	149,121	6,767
Montgomery General	2,798	1,252	1,546	239,243	116,172	59,190	56,983	115,346	7,725
North Arundel	4,222	89	4,133	328,379	131,095	2,749	128,346	181,206	16,078
Peninsula General	8,849	3,736	5,113	715,838	282,033	67,010	215,023	352,609	81,196
Physician Memorial	3,621	3	3,618	323,294	121,065	146	120,920	184,340	17,889
Prince George's General	18,735	10,208	8,527	1,377,992	575,360	278,516	296,844	758,989	43,642
Sacred Heart	2,696	1	2,695	207,961	67,767	12	67,755	118,443	21,751
St. Joseph's	4,611	3,077	1,534	204,999	85,266	42,522	42,744	108,161	11,572
St. Mary's	1,917	-	1,917	165,496	69,098	-	69,098	81,672	14,726
Shady Grove Adventist	1,859	1	1,858	190,724	72,668	39	72,629	114,738	3,318
Southern Maryland	2,195	13	2,182	290,753	77,987	1,048	76,938	201,294	11,472
Suburban	890	218	672	101,008	26,539	7,884	18,655	65,768	8,702
Union Hospital of Cecil	2,567	10	2,557	267,169	59,610	66	59,544	191,604	15,955
Washington Adventist	6,594	3,417	3,177	435,469	224,290	111,968	112,322	198,831	12,348
Washington County	4,396	29	4,367	281,808	93,700	758	92,942	166,406	21,702
Special Hospitals & Independent Clinics	8,082	8,080	2	345,248	191,980	191,965	16	150,777	2,489
Baltimore City Health Dept. Child & Youth Project	207	207	-	1,935	1,935	1,935	-	-	-
Baltimore City Hospital Chronic	-	-	-	83	-	-	-	(62)	145

**Includes services rendered at facility in Baltimore City.
( ) Credit balance

Table 19. Hospital Outpatient Program, Fiscal Year 1981 (Continued)

Location and Name of Hospital	Number of Visits			AMOUNT PAID					
					For Visits				
	Total	Outpatient Clinic	Emergency Room	Grand Total	Total	Outpatient Clinic	Emergency Room	Ancillary Services	Ded. & Coins.
Special Hosp. & Independent Clinics (Cont'd)									
Children's Hospital	243	243	-	19,428	3,461	3,461	-	15,403	563
CPPA CC&Y Program	601	601	-	17,980	17,980	17,980	-	-	-
James Kernan	4,458	4,456	2	123,048	45,749	45,734	16	76,144	1,155
J.F. Kennedy Institute	2,573	2,573	-	166,368	122,855	122,855	-	43,512	-
Levindale Hebrew Home	-	-	-	626	-	-		-	626
Mt. Washington Pediatric Hospital	-	-	-	15,780	-	-	-	15,780	-
Out of State Hospitals	12,993	6,506	6,487	1,636,069	570,572	201,967	368,605	1,026,273	39,224
Special Payments: Kidney Disease Program	161	159	2	1,264,172	2,032	1,941	92	754,082	508,057
Direct, Third Party Recoveries	-	-	-	(155,597)	(91,172)	(87,249)	(3,923)	(26,548)	(37,877)

( ) Credit balance.

Due to rounding, columns and rows may not sum to total.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 20. Physician Office, Home and Nursing Home Program: Fiscal Year 1981

Type of Service	Payment	Percent
Total	$14,851,264	100.0
Physician	13,201,074	88.9
Visits	8,698,545	58.6
Consultation	314,364	2.1
Ophthalmology	100,680	0.7
Laboratory	897,486	6.0
X-Ray, EKG, EEG	582,615	3.9
Dispensed Drugs	142,377	1.0
Other Specified Services	859,889	5.8
Medicare Deductible & Coinsurance	1,605,118	10.8
Clinic	1,650,190	11.1
Family Planning Clinics	799,172	5.4
Drug Addiction Clinics	605,297	4.1
Mental Health Clinics	245,721	1.6

PHYSICIAN VISITS

	Number	Percent
Total	676,346	100.0
Office	666,739	98.6
Home, Day	1,840	0.3
Home, Night	32	-
Nursing Home	7,735	1.1

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 21. Physician Office, Home, and Nursing Home Program:
Payments to Special Clinics: Fiscal Year 1981

Name and Location	Total Amount Paid	Number of Patients	Average Payment Per Patient
Federal Family Planning Project - Baltimore City	$175,840	4,927	$ 35.69
Provident Hospital Project ADAPT - Baltimore City	131,850	291	453.09
Planned Parenthood of Maryland - Baltimore City	124,939	2,968	42.10
Hillcrest Clinic & Counseling Service - Baltimore County	120,380	988	121.84
E.V.M.C. Women's Clinic - Baltimore City	114,145	1,531	74.56
Planned Parenthood Surgical - Baltimore City	108,784	746	145.82
North Baltimore Center, Inc. - Baltimore City	101,579	519	195.72
Baltimore City Health Dept. Family Planning Project - Balto. City	98,969	2,482	39.87
East Baltimore Drug Abuse Center - Baltimore City	94,271	443	212.80
Methadone Maintenance Treatment Program - Baltimore City	79,425	179	443.72
South East Baltimore Drug Treatment Program - Baltimore City	51,015	151	337.85
Man Alive Research Program - Baltimore City	50,601	179	282.69
Glenwood Life Counseling Center - Baltimore City	45,363	132	343.66
West End Drug Abuse Center - Baltimore City	44,115	89	495.67
Cherry Hill Drug Abuse Program - Baltimore County	34,862	87	400.71
Eastern Community Mental Health Center - Baltimore County	32,397	274	118.24
North West Drug Alert - Baltimore City	30,836	101	305.31
Harbel, Inc. Community Mental Health Center - Baltimore City	23,610	149	158.46
Southwestern Community Mental Health Center - Baltimore County	23,496	185	127.01
Sheppard & Pratt Hospital COMDAP - Baltimore County	19,320	54	357.78
Southeastern Community Mental Health Center - Baltimore County	18,590	157	118.41
Sigma Reproductive Health Center - Montgomery County	18,524	208	89.06
Hillcrest Abortion Clinic - Washington, D.C.	17,952	170	105.60
Health Department Drug Treatment Center - Prince George's County	17,895	65	275.31
Northern Baltimore County Community Health Center - Baltimore Co.	16,120	195	82.67
D.C. Institute of Mental Hygiene - Washington, D.C.	12,012	41	292.98
Northwestern Community Mental Health Center - Baltimore County	10,995	101	108.86
Garrett County Mental Health Service - Garrett County	6,922	111	62.36
Western Center for Maternal & Infant Care - Baltimore City	5,850	187	31.28
Preterm Clinic - Washington, D.C.	4,950	35	141.43
Planned Parenthood - Prince George's County	3,957	116	34.11
Planned Parenthood - Montgomery County	2,704	85	31.81
Frederick Methadone Program - Frederick County	2,295	14	163.93
Alternative, Inc - Montgomery County	2,178	46	47.35
Anne Arundel Health Dept. Methadone Program - Anne Arundel County	1,815	12	151.25
Harford County Drug Abuse - Harford County	1,248	3	416.00
Wicomico Health Department Drug Program - Wicomico County	387	15	25.80

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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Table 22. Physician Service in Hospital Program: Fiscal Year 1981

Type of Service	Total		TYPE OF SERVICE		
	Amount	Percent	Inpatient	Outpatient	Emergency Room
Total	$16,309,410	100.0	$13,373,832	$2,066,191	$869,387
Attending Physician	3,213,578	19.7	2,480,272	384,908	348,398
Surgery	7,534,180	46.2	6,516 603	782,910	234,667
Anesthesiology	1,247,077	7.7	1,174,878	69,712	2,487
Consultation	488,873	3.0	451,799	23,578	13,496
Supervision	77,328	0.5	77,328	-	-
Radiology	1,408,492	8.6	604,821	541,312	262,359
Pathology	101,152	0.6	60,028	33,144	7,980
Medicare Deductible & Coinsurance	2,191,957	13.4	1,963,906	228,051	-
Medicare - No Part B	46,773	0.3	44,197	2,576	-

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Table 23. Physician Program: Payments for Physician Services and Number of Physician Accounts (Individuals, Groups and Special Clinics) by Location of Provider: Fiscal Year 1981

Location of Provider	PAYMENTS		PHYSICIAN ACCOUNTS		NUMBER OF PHYSICIAN ACCOUNTS IN PAYMENT GROUP						
	Amount	Percent of Total	Number	Percent of Total	Under $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000-$29,999	$30,000-And Over
Grand Total	$31,160,674	100.0	5,573	100.0	885	1,469	1,739	698	466	138	178
Baltimore City	12,449,686	40.0	1,420	25.5	149	396	425	183	134	47	86
Total Counties	17,715,756	56.8	3,248	58.3	360	708	1,187	497	322	87	87
Allegany	658,813	2.1	107	1.9	6	14	46	22	13	4	2
Anne Arundel	1,339,587	4.3	280	5.0	25	44	126	42	31	6	6
Baltimore	3,588,793	11.5	685	12.3	85	184	238	79	61	19	19
Calvert	380,739	1.2	34	0.6	3	2	11	7	3	4	4
Caroline	81,007	0.3	6	0.1	-	-	1	2	1	2	-
Carroll	321,266	1.0	68	1.2	3	10	37	13	3	1	1
Cecil	329,262	1.1	33	0.6	2	2	8	8	9	3	1
Charles	368,730	1.2	31	0.6	1	-	5	9	11	4	1
Dorchester	364,543	1.2	33	0.6	3	7	4	7	7	3	2
Frederick	440,873	1.4	84	1.5	5	12	33	21	12	1	-
Garrett	156,367	0.5	21	0.4	2	-	5	10	3	1	-
Harford	896,181	2.9	127	2.3	16	22	35	25	15	9	5
Howard	529,051	1.7	99	1.8	6	26	41	10	11	1	4
Kent	199,811	0.6	26	0.5	-	4	9	6	5	1	1
Montgomery	2,439,615	7.8	741	13.3	91	218	308	66	45	6	7
Prince George's	3,109,526	10.0	542	9.7	90	118	171	84	46	13	20
Queen Anne's	48,609	0.1	8	0.1	-	2	1	4	1	-	-
St. Mary's	323,783	1.0	28	0.5	3	1	6	8	6	3	1
Somerset	151,392	0.5	13	0.2	-	5	-	2	3	2	1
Talbot	487,551	1.6	55	1.0	2	6	16	19	7	-	5
Washington	600,853	1.9	103	1.8	8	17	42	20	11	2	3
Wicomico	815,613	2.6	109	2.0	5	12	40	30	17	2	3
Worcester	83,791	0.3	15	0.3	4	2	4	3	1	-	1
Out-of-State	995,232	3.2	905	16.2	376	365	127	18	10	4	5

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 24. Pharmacy Program: Fiscal Year 1981

	Number of Invoices	Payments[1]	Average Payment Per Invoice
Total	2,578,293	$21,791,973	$ 8.45
Legend	2,506,221	21,043,154	8.40
Over-the-Counter	72,072	748,819	10.39
Drugs	43,936	468,213	10.66
Medical Supplies	28,136	280,606	9.97

Does not include 50¢ copayment made by recipient for each item.

Table 25. Pharmacy Program: Payments for Pharmacy Services and Number of Participating Pharmacies (Proprietary and Institutional) by Location of Pharmacy and Payment Group: Fiscal Year 1981

	PAYMENTS		PHARMACIES		NUMBER OF PHARMACIES IN PAYMENT GROUP					
Location of Pharmacy	Amount	Percent of Total	Number	Percent of Total	Under $1,000	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000-$49,999	$50,000-And Over
Grand Total	$21,791,973	100.0	952	100.0	176	168	137	174	193	104
Baltimore City	9,230,178	42.4	175	18.4	10	15	14	27	51	58
Total Counties	11,743,808	53.9	605	63.5	53	120	118	138	133	43
Allegany	475,668	2.2	19	2.0	3	1	2	6	5	2
Anne Arundel	983,609	4.5	51	5.4	1	13	8	12	14	3
Baltimore	2,998,814	13.8	152	16.0	15	44	31	29	24	9
Calvert	192,059	0.9	3	0.3	-	-	-	1	1	1
Caroline	219,790	1.0	7	0.7	-	-	1	1	4	1
Carroll	280,648	1.3	16	1.7	2	1	1	4	8	-
Cecil	247,110	1.1	6	0.6	-	-	-	-	5	1
Charles	241,445	1.0	8	0.8	-	-	1	2	4	1
Dorchester	250,705	1.1	6	0.6	-	-	-	1	4	1
Frederick	283,870	1.3	19	2.0	1	5	6	1	5	1
Garrett	220,447	1.0	6	0.6	-	-	1	2	1	2
Harford	471,645	2.2	28	3.0	1	5	4	10	7	1
Howard	131,007	0.6	17	1.8	4	1	7	4	1	-
Kent	131,730	0.6	3	0.3	-	-	-	-	2	1
Montgomery	1,073,333	4.9	87	9.1	8	27	23	14	11	4
Prince George's	1,712,543	7.9	115	12.1	12	16	27	36	21	3
Queen Anne's	89,928	0.4	3	0.3	-	-	-	1	2	-
St. Mary's	168,290	0.8	4	0.4	-	-	-	1	2	1
Somerset	164,352	0.8	6	0.6	-	-	-	3	2	1
Talbot	125,286	0.6	6	0.6	-	-	2	2	1	1
Washington	671,258	3.1	21	2.2	3	3	3	3	4	5
Wicomico	442,952	2.0	12	1.3	2	-	-	4	3	3
Worcester	167,319	0.8	10	1.1	1	4	1	1	2	1
Out-of-State	817,987	3.7	172	18.1	113	33	5	9	9	3

Table 26. Pharmacy Program: Payments to Institutional Pharmacies and Number of Invoices: Fiscal Year 1981

Name and Location	ALL INVOICES		
	Number	Amount Paid	Average Payment Per Invoice
Johns Hopkins Hospital Pharmacy - Baltimore City	43,013	$410,062	$ 9.53
University of Maryland Hospital - Baltimore City	28,682	246,306	8.58
Bon Secours Hospital, Inc. - Baltimore City	24,030	203,340	8.46
Baltimore City Hospital Pharmacy - Baltimore City	15,970	132,831	8.31
Mercy Hospital Pharmacy - Baltimore City	11,791	105,343	8.93
Stella Maris Hospice - Baltimore County	12,974	87,115	6.71
GBMC - BSC Pharmacy - Baltimore City	13,362	79,478	5.94
Union Memorial Hospital Pharmacy - Baltimore City	8,283	65,419	7.89
Sinai Hospital of Baltimore - Baltimore City	7,531	50,172	6.66
Maryland General Hospital Pharmacy - Baltimore City	6,125	47,473	7.75
Franklin Square Hospital Pharmacy - Baltimore County	3,991	34,416	8.62
Church Hospital Pharmacy - Baltimore City	3,871	31,994	8.26
Montgomery General Hospital Pharmacy - Montgomery County	2,747	31,753	11.55
Good Samaritan Hospital Pharmacy - Baltimore City	3,026	30,008	9.91
Keswick Home Pharmacy - Baltimore City	4,282	29,934	6.99
McCready Hospital Pharmacy - Somerset County	1,705	19,766	11.59
West Baltimore Community Health Center Pharmacy - Balto. City	2,849	19,762	6.93
Provident Hospital Pharmacy - Baltimore City	2,412	18,954	7.85
Constant Care Community Health Center - Baltimore City	2,006	17,073	8.51
Peninsula General Hospital Pharmacy - Wicomico County	1,642	12,010	7.31
South Baltimore General Hospital Pharmacy - Baltimore City	1,584	10,997	6.94
St. Joseph Hospital Pharmacy - Baltimore City	811	5,294	6.52
Prince George's General Hospital Pharmacy - Pr. Geo. Co.	540	5,223	9.67
Children's Hospital Pharmacy - Washington, D.C.	80	2,813	35.16
So. County Family Health Center Pharmacy - Anne Arundel Co.	216	1,661	7.69
University of Maryland Dental Pharmacy - Baltimore City	245	825	3.36
Doctor's Hospital Pharmacy - Prince George's County	96	730	7.60
University of Maryland University Health Center - Pr. Geo. Co.	44	332	7.53
James L. Kernan Hospital Pharmacy - Baltimore City	35	201	5.73
Lutheran Hospital Pharmacy - Baltimore City	9	70	7.79
Washington Adventist Hospital Pharmacy - Montgomery County	1	5	5.40
N. C. Baptist Hospital Pharmacy - North Carolina	3	5	1.73
Howard County General Hospital - Howard County	11	2	.20

Table 27. Pharmacy Program: Payments to Fifty Proprietary Pharmacies Receiving Largest Payment and Number of Invoices: Fiscal Year 1981

Name and Location	ALL INVOICES		
	Number	Amount Paid	Average Payment Per Invoice
Institutional Pharmacy Service - Baltimore City	81,428	$667,504	$ 8.19
Rudies Pharmacy - Baltimore City	49,468	453,975	9.18
HMIS - Baltimore County	44,125	376,967	8.54
MSC RX - Baltimore County	32,608	340,422	10.43
Penn-Dol Pharmacy - Baltimore City	24,963	234,181	9.38
Northwest Comm. Prof. Pharmacy	25,337	221,839	8.75
Cherry Hill Pharmacy Clinic - Baltimore County	24,696	192,368	7.78
Eakles Drug Store - Washington County	22,198	189,634	8.54
Harlem Park Ethical Pharmacy - Baltimore City	18,750	189,139	10.08
Northern Pharmacy - Baltimore City	22,024	185,587	8.42
Wood Haven Pharmacy - Baltimore County	21,055	183,364	8.70
Drug Lane - Prince George's County	23,649	176,479	7.46
Gitomers Pharmacy - Anne Arundel County	20,516	148,677	7.24
Maryland Pharmacy - Baltimore City	16,700	146,549	8.77
Capitol Pharmacy - Washington, D.C.	16,212	144,788	8.93
Carter Drug Company - Baltimore City	14,607	143,344	9.81
Garwyn Ethical Pharmacy - Baltimore City	16,928	134,458	7.94
Fed. Health Serv., Div. of Fed. Lab. - Washington, D.C.	18,725	133,250	7.11
Nationwide Pharmacy Center - Calvert County	15,590	129,940	8.33
Edwards & Anthony Pharmacy - Baltimore City	12,537	126,714	10.10
Accredited Surgical Company - Montgomery County	15,169	125,804	8.29
Rite Aid #364 - Baltimore City	14,090	124,892	8.86
Fishers Pharmacy - Washington County	14,805	123,201	8.32
Potomac Valley Pharmacy - Allegany County	15,685	120,262	7.66
Madison Park Professional Pharmacy - Baltimore City	12,155	116,235	9.56
Rite Aid #354 - Baltimore City	12,900	113,855	8.82
Klotzman's Pharmacy - Baltimore County	11,655	111,388	9.55
Ames Plaza Drugs - Wicomico County	11,719	109,366	9.33
Rite Aid #351 - Baltimore City	12,784	108,916	8.51
Rite Aid #349 - Baltimore City	13,163	107,420	8.16
Pratt Professional Pharmacy - Baltimore City	14,088	107,004	7.59
Pharmacy Forty Two Hundred - Baltimore City	12,539	106,918	8.52
Central Drugs - Wicomico County	13,773	106,623	7.74
James Drug Company - Baltimore City	11,375	103,189	9.07

Table 27. Pharmacy Program: Fiscal Year 1981 (Cont'd)

Name and Location	ALL INVOICES		
	Number	Amount Paid	Average Payment Per Invoice
Keys Pharmacy - Baltimore City	10,745	103,110	9.59
Edwards Pharmacy - Baltimore City	13,764	100,729	7.31
Broadway Pharmacy - Baltimore City	11,336	100,167	8.83
Super Drugs - Baltimore City	11,720	98,511	8.40
Sappes Pharmacy - Baltimore City	12,997	95,755	7.36
Citizens Pharmacy Service - Baltimore County	11,742	94,741	8.06
Rite Aid #336 - Baltimore City	9,533	94,367	9.89
Rite Aid #326 - Baltimore City	9,963	94,252	9.46
Kirson Drug Company - Baltimore City	9,378	93,458	9.96
City Pharmacy of Elkton	11,845	90,995	7.68
Howard & Morris Levindale - Baltimore City	11,751	90,358	7.68
St. Mary's Pharmacy - St. Mary's County	10,249	90,078	8.78
Deer Park Pharmacy - Montgomery County	14,580	89,946	6.16
Rite Aid #346 - Baltimore City	10,313	89,818	8.70
GorDeys Pharmacy Inc. - Wicomico County	9,013	89,226	9.80
Kriger Drug Store - Baltimore City	9,898	87,364	8.82

Table 28. Dental Program: Payments by Type of Service and Residence of Recipient: Fiscal Year 1981

Location of Provider	Total	Percent of Total	Type of Service						
			Diagnostic	Preventive	Restorative	Endo/ Periodontic	Prosthodontic	Oral Surgery	Other Services
Grand Total	6,811,754	100.0	925,218	857,480	1,850,620	483,525	869,360	800,925	1,024,626
Baltimore City	3,383,588	49.7	454,525	371,655	774,639	226,615	641,165	383,522	531,467
Total Counties	3,428,166	50.3	470,693	485,825	1,075,981	256,910	228,195	417,403	493,159
Allegany	152,663	2.2	19,522	22,760	43,250	9,687	13,876	18,973	24,595
Anne Arundel	424,453	6.2	54,952	58,891	134,668	36,685	23,292	44,018	71,947
Baltimore	468,442	6.9	69,339	70,126	135,934	34,302	32,360	51,060	75,321
Calvert	34,607	0.5	6,925	4,415	8,457	1,340	515	6,659	6,296
Caroline	39,353	0.6	6,714	6,518	10,138	1,345	2,472	6,976	5,190
Carroll	67,356	1.0	7,606	11,234	26,912	3,796	1,420	5,305	11,083
Cecil	86,567	1.3	11,228	12,265	24,284	5,130	10,382	9,674	13,604
Charles	120,284	1.8	17,011	13,343	41,063	7,098	3,607	13,488	24,674
Dorchester	61,042	0.9	9,425	7,922	15,153	4,840	3,005	10,036	10,661
Frederick	68,623	1.0	6,919	9,069	20,761	3,689	4,565	13,802	9,818
Garrett	52,853	0.8	4,786	8,161	19,339	4,970	3,075	5,378	7,144
Harford	208,875	3.1	32,045	34,293	63,714	14,397	10,871	16,760	36,795
Howard	53,664	0.8	6,497	7,234	17,664	5,756	3,308	4,611	8,594
Kent	15,973	0.2	1,764	2,614	4,202	860	698	3,579	2,256
Montgomery	481,696	7.1	54,788	46,860	162,799	44,373	29,487	50,180	93,209
Prince George's	539,677	7.9	80,387	86,231	192,882	50,531	36,184	70,357	23,105
Queen Anne's	31,549	0.4	3,345	4,828	9,340	1,556	2,016	5,923	4,541
St. Mary's	108,758	1.6	15,578	14,236	32,348	7,974	7,042	16,495	15,085
Somerset	43,212	0.6	6,728	6,005	9,516	1,444	6,532	8,237	4,750
Talbot	27,102	0.4	4,236	5,423	7,691	870	1,105	4,763	3,014
Washington	129,752	1.9	15,694	17,823	40,035	6,413	6,404	24,979	18,404
Wicomico	157,848	2.3	27,750	28,560	38,123	6,632	19,541	20,488	16,754
Worcester	53,817	0.8	7,454	7,014	17,708	3,222	6,438	5,662	6,319

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Table 29. Dental Program: Payments and Number of Participating Dentists (Including Dental Clinics) by Location of Dentist and by Payment Group: Fiscal Year 1981

Location of Provider	PAYMENTS		DENTISTS		NUMBER OF DENTISTS IN PAYMENT GROUP					
	Amount	Percent of Total	Number	Percent of Total	Under $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000 And Over
Grand Total	$6,811,754	100.0	1,486	100.0	225	514	459	118	84	86
Baltimore City	2,918,649	42.8	260	17.5	29	58	65	28	30	50
Total Counties	3,865,743	56.8	1,108	74.6	137	409	382	90	54	36
Allegany	159,297	2.3	34	2.2	2	6	18	4	3	1
Anne Arundel	389,459	5.7	117	7.9	6	47	46	11	3	4
Baltimore	704,170	10.3	232	15.6	43	83	78	15	6	7
Calvert	32,514	0.5	9	0.6	-	2	5	1	1	-
Caroline	20,214	0.3	4	0.3	-	-	3	-	1	-
Carroll	55,542	0.8	33	2.2	2	16	13	1	1	-
Cecil	63,630	0.9	14	0.9	1	3	5	3	2	-
Charles	56,301	0.8	19	1.3	1	5	10	2	1	-
Dorchester	58,268	0.9	10	0.7	-	3	2	3	2	-
Frederick	60,872	0.9	33	2.2	3	15	13	1	1	-
Garrett	47,546	0.7	12	0.8	-	3	5	3	1	-
Harford	244,512	3.6	60	4.0	4	19	27	3	5	2
Howard	72,160	1.1	31	2.1	2	15	11	1	1	1
Kent	25,247	0.4	4	0.3	-	-	2	2	-	-
Montgomery	710,253	10.4	222	15.0	46	103	48	9	9	7
Prince George's	595,774	8.8	165	11.1	16	61	55	17	8	8
Queen Anne's	14,425	0.2	6	0.4	-	3	1	2	-	-
St. Mary's	108,980	1.6	17	1.2	2	5	5	3	-	2
Somerset	18,014	0.3	6	0.4	-	3	1	2	-	-
Talbot	53,627	0.8	9	0.6	1	3	2	1	1	1
Washington	135,082	2.0	38	2.6	3	8	19	4	4	-
Wicomico	202,670	3.0	24	1.6	5	5	7	1	3	3
Worcester	37,186	0.5	9	0.6	-	1	6	1	1	-
Out-of-State	27,362	0.4	118	7.9	59	47	12	-	-	-

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Table 30. Dental Program: Payments to Dental Clinics: Fiscal Year 1981

Name and Location	Amount Paid	Number of Recipients	Average Payment Per Recipient
Chesapeake Physicians, P.A. Dental - Baltimore City	$39,323	833	$ 47.21
Cherry Hill Dental Clinic - Baltimore City	34,017	690	49.30
Provident - Druid C&Y Dental - Baltimore City	29,548	986	29.97
Conn Ped Center, University of Maryland - Baltimore City	27,416	868	31.50
W. Baltimore Community Health Care Corp. - Baltimore City	23,546	206	114.30
J.K.F. Institute Dental Dept. - Baltimore City	21,339	353	60.45
Children's Hospital Inc. Dental - Baltimore City	19,593	155	126.41
Comm. Preventive Dentistry - Baltimore City	17,337	843	20.57
JHH Dental Clinic - Baltimore City	14,565	249	58.49
Southern Dental Clinic - Baltimore City	12,576	410	30.67
Eastern Dental Clinic - Baltimore City	12,259	400	30.65
Mercy Hospital Dental Clinic - Baltimore City	11,490	307	37.43
James L. Kernan Hospital Dental Clinic - Baltimore City	10,633	214	49.69
Southeastern Health District Dental Clinic - Baltimore City	9,400	95	98.95
Sinai Hospital Dental Clinic - Baltimore City	9,144	223	41.00
Scope Inc. Dental Clinic - Somerset County	8,820	151	58.41
East Baltimore Medical Program Dental Clinic - Baltimore City	8,382	102	82.18
Waxter Center Dental Clinic - Baltimore City	7,297	119	61.32
Cecil County Dental Clinic - Cecil County	7,021	171	41.06
Constant Care Community Health Center - Baltimore City	4,258	167	25.50
Allegany Comm. College Dental Clinic - Allegany County	4,225	225	18.78
Druid Dental Clinic - Baltimore City	4,097	190	21.56
Western Dental Clinic - Baltimore City	3,038	83	36.61
St. Agnes Hospital Dental Clinic - Baltimore City	2,701	89	30.35
Health Maternity Program Dental Clinic - Baltimore City	2,687	118	22.77
Baltimore Municipal Health Service Program - Baltimore City	2,072	94	22.04
Rock Creek Dental Unit - Frederick County	1,460	40	36.49
Upper Eastern Shore Mobile Dental Clinic - Queen Anne's County	803	35	22.94
V. Hoffman Memorial Clinic - Somerset County	753	11	68.45
Maryland School for the Blind - Baltimore City	664	43	15.44
Children's Oral Health - Wicomico County	653	40	16.33
North Central Baltimore Health Corp. - Baltimore City	399	25	15.96
Children's Hosp. Nat'l Med. Center D.C. Dental Clinic - Washington,D.C.	350	11	31.77
Mount Wilson Center Dental Clinic - Baltimore County	191	4	47.75
Crownsville Hospital Center Dental Clinic - Anne Arundel County	165	2	82.66
South County Family Health Center Dental Clinic - Anne Arundel County	149	7	21.29
Elwyn Institute Dental Clinic - Pennsylvania	111	1	111.00

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Table 31. Home Health Program: Payments by Residence of Recipient and Type of Service: Fiscal Year 1981

Area of Residence	Total	Nursing Service	Home Health Aide	Physical Therapy	Speech Therapy	Occupational Therapy	Medical Social Service	Medical Day Care	Personal Care	Other	Medicare Deductible
Maryland State	$1,377,932	$669,138	$367,248	$73,157	$18,268	$14,727	$26,174	$136,617	$37,962	$19,891	$14,750
Baltimore City	695,151	324,929	187,677	28,139	6,606	3,868	10,058	95,188	18,495	11,348	8,843
Total Counties	682,781	344,209	179,571	45,018	11,662	10,859	16,116	41,429	19,467	8,543	5,907
Allegany	85,281	48,117	28,006	4,423	217	2,220	1,142	-	-	154	1,002
Anne Arundel	31,481	13,411	3,066	2,849	856	1,891	134	-	7,515	1,344	415
Baltimore	115,644	39,498	27,639	4,586	-	225	1,371	29,750	10,287	1,328	960
Calvert	131	105	-	-	-	-	26	-	-	-	-
Caroline	2,591	2,208	371	-	-	-	-	-	9	3	-
Carroll	13,194	5,105	6,240	720	-	-	-	-	837	190	102
Cecil	14,892	8,475	4,482	1,302	84	-	-	-	-	-	549
Charles	1,087	1,087	-	-	-	-	-	-	-	-	-
Dorchester	4,078	2,194	690	585	-	-	-	-	-	224	385
Frederick	22,425	14,423	4,845	1,537	230	640	26	-	-	83	641
Garrett	15,756	9,519	4,923	760	100	-	-	-	-	366	88
Harford	68,740	40,664	25,998	1,102	-	-	-	-	711	265	-
Howard	25,722	8,078	11,743	2,274	385	1,100	966	-	108	692	376
Kent	1,859	1,562	9	220	-	-	-	-	-	-	68
Montgomery	85,801	40,092	6,589	8,778	5,642	1,915	9,429	11,679	-	1,456	221
Prince Georges	147,325	82,785	41,011	13,301	3,883	2,551	3,022	-	-	598	174
Saint Marys	5,746	2,885	555	1,125	265	-	-	-	-	761	155
Somerset	1,591	1,026	-	480	-	-	-	-	-	9	76
Talbot	679	614	56	-	-	-	-	-	-	9	-
Washington	21,621	7,034	12,462	976	-	317	-	-	-	230	602
Wicomico	15,920	14,110	886	-	-	-	-	-	-	831	93
Worcester	1,217	1,217	-	-	-	-	-	-	-	-	-

*There were no payments for home health services for Queen Anne's County residents.

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Table 32. Special Services: Payments by Residence of Recipient and Type of Service: Fiscal Year 1981

Area of Residence	Total	OPTOMETRIST - OPTICIAN SERVICES			Ambulance Service	Van Service	Podiatry	Diagnostic Services (Labs)	Medical Supplies	Physical Therapy	Medicare Ded. & Coins.	No Medicare Part B Coverage
		Diagnostic	Dispensing	Fabrication								
Maryland State	$6,272,048	$895,818	$499,296	$1,157,398	$237,107	$300,024	$361,518	$1,076,246	$813,099	$15,906	$909,363	$6,273
Baltimore City	3,562,016	537,312	299,521	660,741	161,937	237,080	239,402	553,710	412,352	6,724	428,601	24,636
Total Counties	2,710,032	358,506	199,775	496,657	75,170	62,944	122,116	522,536	400,747	9,182	480,762	(18,363)
Allegany	77,552	15,857	9,214	21,957	2,430	-	2,959	3,099	13,391	14	8,520	111
Anne Arundel	328,642	40,466	22,689	56,386	13,844	6,563	16,082	63,915	45,781	4,384	56,971	1,561
Baltimore	481,141	51,287	27,987	67,707	24,478	27,659	24,943	72,770	67,556	3,692	109,044	4,018
Calvert	32,114	6,497	3,348	6,849	258	432	3,829	5,738	905	-	4,251	7
Caroline	29,005	4,873	3,246	8,263	564	156	311	2,978	4,684	-	3,890	40
Carroll	61,700	7,258	3,883	12,307	941	540	1,301	7,799	10,759	727	15,728	457
Cecil	60,066	12,534	7,526	13,919	1,512	608	582	5,933	10,842	421	6,111	78
Charles	59,117	10,214	5,731	12,913	923	408	515	10,649	9,178	72	8,421	93
Dorchester	45,966	9,195	5,701	16,391	420	48	6,956	2,222	2,180	-	2,773	80
Frederick	70,404	10,528	6,838	13,271	811	280	2,878	15,452	6,259	85	14,026	(24)
Garrett	28,668	5,716	3,549	7,414	743	48	6	1,218	8,816	-	1,827	(669)
Harford	124,930	20,725	10,978	21,016	2,997	1,750	2,727	14,941	34,653	1,441	13,529	173
Howard	60,998	4,489	2,564	7,808	2,721	2,214	1,366	16,592	12,533	8	10,420	283
Kent	14,668	4,331	1,918	4,183	402	176	37	523	760	136	2,202	-
Montgomery	335,861	16,276	7,944	51,016	7,000	3,278	21,832	104,452	45,490	430	76,119	2,024
Prince George's	516,737	71,280	34,436	86,275	9,440	12,790	19,076	162,403	64,848	(2,641)	86,228	(27,398)
Queen Anne's	28,004	5,494	2,630	5,762	700	48	43	3,326	6,006	230	3,765	-
St. Mary's	46,548	7,713	4,326	8,446	448	5,573	913	7,424	8,111	51	3,440	103
Somerset	43,524	6,787	4,673	10,531	719	24	2,894	3,796	3,134	-	10,934	32
Talbot	17,240	2,778	1,713	4,913	101	70	610	1,968	1,860	-	3,227	-
Washington	107,366	18,173	11,867	22,936	910	25	1,185	8,060	18,760	-	25,172	278
Wicomico	101,173	18,150	12,117	26,333	1,800	194	8,830	3,711	19,374	4	10,276	384
Worcester	38,608	7,885	4,897	10,061	1,008	60	2,241	3,567	4,867	128	3,888	6

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Table 33. Early and Periodic Screening, Diagnosis and Treatment Program: Services Provided in Local Health Departments: Fiscal Year 1981

County	Number of Visits	Percent of Total	Number of Screenings	Percent of Total	Total Expenditures	Percent of Total
Maryland State	20,548	100.0	6,974	100.0	$294,160	100.0
Baltimore City	3,714	18.1	1,051	15.1	47,810	16.3
Total Counties	16,834	81.9	5,923	84.9	246,350	83.7
Allegany	856	4.2	217	3.1	10,472	3.6
Anne Arundel	2,912	14.2	960	13.8	40,622	13.8
Baltimore	588	2.9	91	1.3	5,318	1.8
Calvert	375	1.8	158	2.3	6,213	2.1
Caroline	373	1.7	65	0.9	3,815	1.3
Carroll	273	1.3	164	2.4	5,915	2.0
Cecil	658	3.2	324	4.6	11,961	4.1
Charles	849	4.1	331	4.8	13,344	4.5
Dorchester	280	1.4	103	1.5	4,239	1.4
Frederick	664	3.2	155	2.2	7,420	2.5
Garrett	283	1.4	44	0.6	2,699	0.9
Harford	740	3.6	211	3.0	9,373	3.2
Howard	180	0.9	27	0.4	1,656	0.6
Kent	81	0.4	19	0.3	950	0.3
Montgomery	1,574	7.7	440	6.3	20,066	6.8
Prince George's	2,251	11.0	574	8.2	27,540	9.4
Queen Anne's	181	0.9	78	1.1	3,123	1.1
St. Mary's	477	2.3	218	3.1	8,763	3.0
Somerset	556	2.7	215	3.1	8,035	2.7
Talbot	77	0.4	2	*	445	0.2
Washington	925	4.4	481	6.9	17,502	5.9
Wicomico	1,294	6.3	704	10.1	25,013	8.5
Worcester	387	1.9	342	4.9	11,866	4.0

*Less than 0.1 percent.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 34. Summary of Selected Program Data: Fiscal Years 1977-1981

	FISCAL YEARS				
	1981	1980	1979	1978	1977
Number of Recipients of Service	378,390	358,182	342,894	357,603	384,424
Payments: All Services[1]	$415,157,319	$367,654,693	$301,909,099	$263,117,677	$242,218,614
Hospital Inpatient	179,061,095	169,532,879	137,008,199	117,473,293	106,978,368
Skilled Nursing Home[2]	-	-	2,942,979	34,838,584	32,147,948
Comprehensive Care	125,075,043	103,213,195	84,290,531	39,326,550	32,882,201
Hospital Outpatient	43,606,800	37,819,979	31,166,396	26,642,525	24,891,308
Physician	31,160,674	25,800,272	20,371,904	20,604,066	21,072,239
Pharmacy	21,791,973	18,119,414	15,872,172	15,240,882	15,217,274
Dental	6,811,754	6,622,081	5,092,534	4,593,107	4,852,090
Home Health	1,377,932	951,538	788,928	618,586	530,668
Special Services	6,272,048	5,595,335	4,375,456	3,780,084	3,646,518
Average Number of Enrollees	394,466	376,276	365,854	380,098	405,925
Federally Matched Indigent Categories	279,431	269,584	263,801	270,733	281,462
Federally Matched Medically Indigent Categories	46,640	45,069	43,163	45,281	55,780
Non-Federally Matched Categories	68,395	61,623	58,890	64,084	68,683
Average Payment Per Enrollee: All Services[1]	$1,052	$ 977	$ 825	$ 692	$ 597
Federally Matched Indigent Categories	676	645	545	469	406
Federally Matched Medically Indigent Categories	3,300	2,855	2,420	1,981	1,547
Non-Federally Matched Categories	1,059	1,055	912	726	607
Hospital Inpatient	454	451	375	309	264
Skilled Nursing Home[2]	-	-	8	92	79
Comprehensive Care	317	274	230	103	81
Hospital Outpatient	111	100	85	70	61
Physician	79	69	56	54	52
Pharmacy	55	48	43	40	38
Dental	17	18	14	12	12
Home Health	3	2	2	2	1
Special Services	16	15	12	10	9

[1]Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

[2]As of July 1, 1978, skilled nursing care was no longer provided under the Medical Assistance Program.

Table 34. Summary of Selected Program Data (Continued)

Hospital Inpatient Program	FISCAL YEARS 1981	1980	1979	1978	1977
Number of recipients of service	67,150	68,662	61,371	63,002	67,992
Payments: Total	$179,061,095	$169,532,879	$137,008,199	$117,473,293	$106,978,368
General Hospitals					
Number of recipients of service	66,211	67,721	60,387	60,409	65,414
Number of discharges	70,049	71,727	64,986	62,648	64,382
Number of days of care	564,751	585,848	521,186	504,099	518,538
Payments: Total	$169,470,093	$161,470,329	$130,592,565	$112,483,391	$101,493,015
Inpatient care	$164,783,699	$158,115,084	$127,965,838	$110,354,981	$ 99,091,240
Average per diem interim payment	$ 291.78	$ 269.89	$ 245.53	$ 218.92	$ 191.10
Medicare - Deductible - Coinsurance	$ 4,686,394	$ 3,355,245	$ 2,626,727	$ 2,128,410	$ 2,401,775
Average number of days per discharge	8.1	8.2	8.0	8.0	8.1
Average number of days per enrollee	1.43	1.56	1.42	1.33	1.28
Special Hospitals					
Number of recipients of service	1,364	1,376	1,384	3,128	3,224
Number of days of care	75,339	67,895	57,895	50,710	64,759
Payments: Total	$ 9,591,002	$ 8,062,550	$ 6,415,634	$ 4,989,902	$ 5,485,353
Inpatient care	$ 9,330,627	$ 7,686,786	$ 6,005,471	$ 4,357,060	$ 4,745,916
Average per diem interim payment	$ 123.85	$ 113.22	$ 103.73	$ 85.92	$ 73.29
Medicare - Deductible & Coinsurance	$ 260,375	$ 375,764	$ 410,163	$ 632,842	$ 739,437
Average number of days per enrollee	0.19	0.18	0.16	0.13	0.16

MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 34. Summary of Selected Program Data (Continued)

Nursing Home Program	1981	1980	1979	1978	1977
Number of recipients of service	16,500	15,481	14,565	13,918	13,573
Payments: Total	$125,075,043	$103,213,195	$ 87,233,510	$ 74,165,134	$ 65,030,149
Skilled Nursing Care and Care in E.C.F.[1]					
Number of recipients of service	-	-	5,282	7,243	7,519
Number of days of care					
Skilled Nursing Care	-	-	120,005	1,611,725	1,599,351
E.C.F. Care	-	-	14,719	15,467	19,632
Payments:					
Skilled Nursing Care	-	-	$ 2,782,123	$ 34,693,763	$ 31,992,292
E.C.F. Care	-	-	$ 160,856	$ 144,821	$ 155,656
Average per diem payment					
Skilled Nursing Care	-	-	$ 23.18	$ 21.53	$ 20.00
E.C.F. Care	-	-	$ 10.93	$ 9.36	7.93
Average number of days per enrollee					
Skilled Nursing Care	-	-	0.33	4.24	3.94
E.C.F. Care	-	-	0.04	0.04	0.05
Comprehensive Care					
Number of recipients of service	16,500	15,481	14,079	7,863	7,365
Number of days of care	4,527,264	4,249,801	3,688,250	2,032,274	1,872,843
Payments	$125,075,043	$103,213,195	$ 84,290,531	$ 39,326,550	$ 32,882,201
Average per diem payment	$ 27.63	$ 24.29	$ 22.85	$ 19.35	$ 17.56
Average number of days per enrollee	11.48	11.29	10.08	5.35	4.61

[1] As of July 1, 1978 skilled nursing care was no longer provided under the Medical Assistance Program.

MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 34. Summary of Selected Program Data (Continued)

Hospital Outpatient Program	FISCAL YEARS 1981	1980	1979	1978	1977
Number of recipients of service	218,125	207,039	195,428	198,274	202,631
Number of Emergency Room and Outpatient Department Visits	698,261	699,156	637,548	605,977	582,869
Payment: Total	$ 43,606,800	$ 37,819,979	$ 31,166,396	$ 26,642,525	$ 24,891,308
Emergency Room and Outpatient Department visits	$ 20,857,382	$ 19,054,253	$ 16,138,876	$ 13,585,550	$ 11,876,928
Ancillary services	$ 20,609,878	$ 16,952,423	$ 13,449,595	$ 11,513,165	$ 11,502,911
Average payment per visit	$ 59.39	$ 51.50	$ 46.41	$ 41.42	$ 40.11
Medicare - Deductible and Coinsurance	$ 2,139,540	$ 1,813,303	$ 1,577,925	$ 1,543,810	$ 1,511,469
Average number of E.R. and O.P.D. visits per enrollee	1.77	1.86	1.74	1.59	1.44
Average number of E.R. and O.P.D. visits per recipient of service	3.20	3.38	3.26	3.06	2.88

MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 34. Summary of Selected Program Data (Continued)

	FISCAL YEARS				
Physician Service	1981	1980	1979	1978	1977
Number of recipients of service	283,075	269,369	251,455	270,956	292,303
Payments: Total	$ 31,160,674	$ 25,800,272	$ 20,371,904	$ 20,604,066	$ 21,072,239
Home, Office & Nursing Home Services					
Number of recipients of service	216,929	209,336	196,613	214,631	226,197
Payments: Total	$ 14,851,264	$ 12,001,431	$ 9,798,037	$ 10,484,864	$ 10,961,359
Physician					
Number of Visits	676,346	703,753	638,977	704,408	734,724
Payments					
Visits	$ 8,698,545	$ 6,108,114	$ 4,972,675	$ 4,919,067	$ 5,131,114
Other specified service	$ 2,897,411	$ 2,809,565	$ 2,466,843	$ 2,702,277	$ 2,769,250
Medicare - Deductible & Coinsurance	$ 1,605,118	$ 1,437,584	$ 730,059	$ 1,093,817	$ 1,341,723
Number of visits per enrollee	1.71	1.87	1.75	1.85	1.81
Number of visits per recipient	3.12	3.36	3.25	3.28	3.25
Clinics					
Payments	$ 1,650,190	$ 1,646,168	$ 1,628,460	$ 1,769,703	$ 1,719,272
In Hospital Service					
Number of recipients of service	155,815	143,924	129,672	139,698	157,790
Payment: Total	$ 16,309,410	$ 13,798,841	$ 10,573,867	$ 10,119,202	$ 10,110,880
Service to: Inpatients	$ 11,365,729	$ 9,585,957	$ 7,371,884	$ 6,558,340	$ 6,235,003
Outpatients	$ 1,835,564	$ 1,568,043	$ 1,229,824	$ 1,235,373	$ 1,254,745
Emergency Room Patients	$ 869,387	$ 658,309	$ 810,588	$ 738,641	$ 916,739
No Medicare Part B and Medicare - Deductible & Coinsurance	$ 2,238,730	$ 1,986,532	$ 1,161,571	$ 1,586,848	$ 1,704,393

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 34. Summary of Selected Program Data (Continued)

Pharmacy Services	FISCAL YEARS 1981	1980	1979	1978	1977
Number of recipients of service	263,872	249,657	238,565	251,028	264,710
Number of invoices: Total	2,578,293	2,441,939	2,334,147	2,445,366	2,610,410
Legend	2,506,221	2,383,856	2,289,852	2,399,871	2,559,113
Over-the-Counter	72,072	58,083	44,295	45,495	51,297
Payments: Total	$21,791,973	$18,119,414	$15,872,172	$15,240,882	$15,217,274
Legend	$21,043,154	$17,639,166	$15,533,064	$14,914,910	$14,823,919
Over-the-Counter	$ 748,819	$ 480,248	$ 339,108	$ 325,972	$ 393,355
Average payment per invoice:	$ 8.45	$ 7.42	$ 6.80	$ 6.23	$ 5.83
Legend	$ 8.40	$ 7.40	$ 6.78	$ 6.21	$ 5.79
Over-the-Counter	$ 10.39	$ 8.27	$ 7.66	$ 7.16	$ 7.67
Average number of invoices per enrollee	6.5	6.5	6.4	6.4	6.4
Average number of invoices per recipient of service	9.8	9.8	9.8	9.7	9.9

MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 34. Summary of Selected Program Data (Continued)

Dental Services	FISCAL YEARS 1981	1980	1979	1978	1977
Number of recipients of service	90,823	84,733	76,934	76,383	81,943
Payments: Total	$ 6,811,754	$ 6,622,081	$ 5,092,534	$ 4,593,107	$ 4,852,090
Diagnostic	925,217	905,511	862,236	832,687	865,340
Preventive	857,479	807,458	704,647	624,924	696,167
Restorative	1,850,620	1,786,919	1,512,044	1,322,542	1,452,635
Endo/Periodontic	483,525	438,165	380,489	339,602	330,535
Prosthodontic	869,360	1,177,721	169,381	171,805	244,999
Oral Surgery	800,925	851,262	777,139	727,745	769,326
Other Services	1,024,628	655,045	686,598	573,802	493,088
Selected Services - Number of					
Prophylaxes	58,206	54,316	50,585	51,494	58,664
Fluoride Treatments	51,567	45,840	45,346	45,668	51,359
Fillings	129,715	144,868	135,141	140,269	155,264
Extractions	66,142	69,823	61,389	57,311	60,731
Full Upper or Lower Dentures	1,994	3,208	67	95	233
Partial Dentures	2,793	3,416	597	706	1,157

MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 34. Summary of Selected Program Data (Continued)

Home Health Services	1981	1980	1979	1978	1977
Number of recipients of service	2,594	1,950	2,278	2,076	1,999
Payments: Total	$ 1,377,932	$ 951,538	$ 788,928	$ 618,586	$ 530,668
Nursing Service	669,138	547,120	520,852	409,682	382,734
Home Health Aid	367,248	278,387	170,232	115,418	77,356
Physical, Occup., Speech Therapy	106,152	90,161	73,176	63,506	50,871
Medical Day Care	136,617	-	-	-	-
Personal Care	37,962	-	-	-	-
Other Specified Services	46,065	33,245	16,998	21,480	11,163
No Medicare Part B Coverage and Medicare - Deductible	14,750	2,625	7,670	8,500	8,544
Special Services					
Number of recipients of service	114,860	106,928	94,025	88,765	90,226
Payments: Total	$ 6,272,048	$ 5,595,335	$ 4,375,456	$ 3,780,084	$ 3,646,518
Optometrists & Opticians Service	2,552,512	2,507,675	2,001,109	1,772,011	1,778,659
Ambulance & Van Service[1]	537,131	383,114	326,461	184,947	184,156
Diagnostic Service (including labs)	1,076,246	903,117	765,698	614,519	441,361
Medical Supplies	813,099	677,857	557,906	416,664	352,233
Podiatry	361,518	307,782	229,214	126,368	133,989
Physical Therapy	15,906	19,692	15,019	17,199	15,244
No Medicare Part B Coverage and Medicare - Deductible & Coinsurance	915,636	796,098	480,049	648,376	740,876

[1]Program began reimbursement of van services in November, 1977.

GLOSSARY OF TERMS

ENROLLEES - Those persons who apply for and are determined eligible to receive Public Assistance, Supplemental Security Income or Medical Assistance. Each enrollee receives a Medical Assistance identification card.

RECIPIENTS - Medical Assistance enrollees who use their Medical Assistance cards to receive services.

FEDERALLY MATCHED PUBLIC ASSISTANCE ELIGIBILITY CATEGORIES

OAA - Old Age Assistance. Individuals 65 years old or older who are recipients of Supplemental Security Income (SSI).

AFDC - Aid to Families with Dependent Children. Individuals who receive cash assistance from the State of Maryland as Aid to Families with Dependent Children.

PANB - Public Assistance to the Needy Blind. Individuals who are blind and are recipients of SSI benefits.

APTD - Aid to the Permanently and Totally Disabled. Individuals who are disabled and are recipients of SSI.

EP - Essential Persons. The spouses of aged, blind or disabled individuals who were receiving Medical Assistance in December 1973 because they had been determined to be essential to the well being of the aged, blind or disabled spouse with whom they live and who continue to meet the December 1973 criteria for the state's approved Old Age Assistance, Aid to the Blind, or Aid to the Permanently and Totally Disabled plans.

FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

MAO - Medical Assistance to Individuals Aged 65 and Over. Individuals 65 years old or older who are not recipients of SSI.

MAB - Medical Assistance to the Blind. Individuals who are blind and are not recipients of SSI.

MAD - Medical Assistance to the Disabled. Individuals who are disabled and are not recipients of SSI.

MAFC - Medical Assistance to Individuals Under 21 and Not in Family. Individuals younger than 21 years old who are not living with a caretaker relative and receive no cash assistance. This group is comprised of children in foster care, in mental retardation centers, and in state institutions for the mentally retarded, and children under the jurisdiction of the Juvenile Services Administration who live in facilities that are not owned, operated or administered by the agency.

MAC - Medical Assistance to Individuals Under 21 and In Family. Individuals younger than 21 years old who are not receiving cash assistance.

MAR - Medical Assistance to Eligible Relatives. Individuals who are caretaker relatives of children who do not receive cash assistance.

NON-FEDERALLY MATCHED PUBLIC ASSISTANCE ELIGIBILITY CATEGORY

GPA - General Public Assistance. Individuals who are receiving cash assistance from state and local funds because they are unemployed or only part-time employed due to a medically substantiated disability or advanced age and lack of experience in the labor market.

NON-FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

STND I - Standard I. Individuals between the ages of 21 and 65 who are not blind or disabled or a caretaker relative and are not receiving cash assistance in either a federal or state-only program.

SA - Subsidized Adoptions. Children with special needs who have been adopted, through the Department of Human Resources, into families whose income and/or assets render the children financially ineligible for Title XIX coverage.

The Secretary of Health and Mental Hygiene, by law* and/or policy, does not permit discrimination in the delivery of services and employment on the basis of handicapped status, race, color or national origin; additionally, discrimination in any phase of employment practices, policies or procedures on the basis of religion, age, sex or political affiliation are prohibited. This encompasses all facilities and programs directly operated by DHMH, grant-in-aid programs, providers of health services receiving Federal funds through DHMH, contractors and sub-contractors.

* Applicable laws and policy are available on request.